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The Effects of "Friendship" on the Identification and Acceptance of the Mentally Ill

Greta Ruth Weiner

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THE EFFECTS OF "FRIENDSHIP" ON THE IDENTIFICATION
AND ACCEPTANCE OF THE MENTALLY ILL

A Thesis

Presented to

The Faculty of the Department of Sociology

The College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree of

Master of Arts

by

Greta Weiner

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APPROVAL SHEET

This thesis is submitted in partial fulfillment of
the requirements for the degree of

Master of Arts

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ABSTRACT

The aim of this study is to determine whether the ability to identify mental illness from behavioral descriptions is altered when the definition of "friendship" is incorporated into the descriptions. It also investigates whether the rejection of these behavioral descriptions is based on the interpretation of their behavior as being indicative of mental illness, having something wrong, or normal.

In order to isolate the experimentally defined friendship pattern so that its effect on identification of mental illness can be determined, it is necessary to control for a number of other relevant variables. This was done by using a homogeneous sample--189 college students. The sample was then divided into three groups. The control group received the behavioral descriptions with no identification; one experimental group was informed to think of the persons in the vignettes as fellow members of a special group; and the other experimental group was informed to think of two of the six vignettes in this study as close friends of the respondents.

The results in this study indicate that the respondents in the experimental groups receiving a definition of group membership did not significantly perceive the behavior described as indicative of mental illness or something wrong less than the control group. The same results were obtained when the experimental condition of close friendship was examined.

When demographic characteristics were examined, the preferred major of the respondent was found to be the most consistently influential factor in determining whether the behavioral descriptions were perceived as being mentally ill or as having something wrong with them. Social science majors were the most likely to indicate that the descriptions were indicative of mental illness or something wrong, and majors in the humanities were the least likely.

The vignettes were then examined to determine whether the interpretation of their behavior as being indicative of mental illness or not affected significantly the willingness to accept them as friends. It was found that for those vignettes perceived by a majority of respondents to be indicative of mental illness, the interpretation of their behavior affected the degree to which they were accepted as friends.

THE EFFECTS OF "FRIENDSHIP" ON THE IDENTIFICATION
AND ACCEPTANCE OF THE MENTALLY ILL

CHAPTER I

INTRODUCTION

During the past twenty years, numerous investigations have been conducted to assess the kinds of behavior that the public identifies as mental illness. Most of these studies include some measurement of acceptance or rejection as an additional indicator of people's attitude toward the mentally ill. Since all behavior occurs within a specific group setting, the behavior which is defined as a symptom of "illness" may also be as much a characteristic of some particular situation or setting as it is an enduring attribute of the person.

Identification of Mental Illness

Shirley Star was among the first to study the problem of identifying mental illness in her nationwide attitude study of the National Opinion Research Center in 1950.¹ With the help of several psychiatrists, Star devised six behavioral descriptions of persons manifesting the following disorders: paranoid schizophrenia, withdrawn schizophrenia, anxiety neurosis, alcoholism, compulsive phobic personality, and a childhood behavior disorder. These case abstracts were designed to investigate the ability of persons to recognize mental illness.²

¹Joint Commission on Mental Illness and Health, Report of the Commission, Action for Mental Health (New York: Science Edition, 1961), pp. 75-77.

²See Appendix I for complete case abstracts.

John and Elaine Cumming used these same case abstracts in their 1955 study in Canada. Their study was designed to investigate to what extent and in what directions attitudes toward mental illness are changed by an intensive educational program. In both the Star and Cummings studies, it was found that the public was unwilling or unable to recognize the abstracts as indicating mental illness. Only the most extreme case, the paranoid schizophrenic, was identified by a majority of the people as indicating mental illness.³ The Cummings' impression was that their respondents saw a fairly sharp cut-off between the mentally well and the mentally ill. This cut-off seemed to occur as soon as the behavior became both non-normative and unpredictable--the element of unpredictability being the crucial diagnostic point.

Findings in more recent studies, however, indicate a consistent increase in the public's ability to identify correctly the case abstracts as mental illness.

Lemkau and Crocetti, who investigated opinions and knowledge about mental illness in the Baltimore area in 1960, were the first to challenge these previous studies. Although they used only three of the case descriptions, they found that a substantial majority of their sample was able to identify the case descriptions as mentally ill.⁴

³Elaine and John Cumming, Closed Ranks: An Experiment in Mental Health Education (Cambridge: Harvard University Press, 1957), p. 93.

⁴Paul Lemkau and Guido Crocetti, "An Urban Population's Opinion and Knowledge about Mental Illness," American Journal of Psychiatry, 118 (February, 1962), pp. 692-700.

Bentz, Edgerton, and Kherlopian used four of the Star descriptions in their study of a predominantly rural population in 1968 to investigate whether the perception of mental illness was, in fact, changing; or whether the changes were a reflection of the urban population from which the previous studies drew their samples. Their data, however, confirmed the more recent studies and were at variance with those by Star and Cummings.⁵

Dohrenwend, Bernard, and Kolb used all six case abstracts in their 1962 study of urban leaders. They reported that their group of urban leaders were much more likely to recognize the abstracts as mental illness than the respondents in Star's national sample in 1950.⁶

Bentz, Edgerton, and Miller conducted their study on public school teachers in two rural counties in 1968. They used four of the Star abstracts and found that the teachers were especially likely to label the behavior described in the abstracts as mental illness. They were consistently more prone to do so than a random sample of residents in the same two counties.⁷ These last two studies differ from the previous ones cited in their emphasis on those persons who are in

⁵W. K. Bentz, J. W. Edgerton, and Margaret Kherlopian, "Perceptions of Mental Illness Among People in a Rural Area," Mental Hygiene, 53, 3 (July, 1969), pp. 459-465.

⁶Bruce P. Dohrenwend, V. W. Bernard, and L. C. Kolb, "The Orientations of Leaders in an Urban Area Toward Problems of Mental Illness," The American Journal of Psychiatry, 118 (February, 1962), pp. 683-691.

⁷W. K. Bentz, J. W. Edgerton, and F. T. Miller, "Perceptions of Mental Illness Among Public School Teachers," Sociology of Education, 42, 4 (Fall, 1969), pp. 400-406.

influential positions in their communities. Table 1 compares the results from each of these six studies.

In 1963, Elinson, Padilla, and Perkins did a household survey in New York City to investigate the public image of mental health services. Part of this survey was concerned with the attribution of illness to some forms of personal and interpersonal behavior. They developed their own vignettes describing various behaviors to see whether there was a consensus of public opinion on whether these behaviors were a "clear sign of mental illness" or not. Shirley Star served as a special consultant in appraising these vignettes. The results varied from a high degree of consensus on behavior "showing" a clear sign of illness to a high degree of consensus on behavior "not showing" a clear sign of illness. Their results were given as total sample figures; unfortunately they gave no breakdown according to subgroups.⁸

Another approach to the problem of identifying mental illness from a behavioral description is to combine Star's case abstracts with another relevant variable to determine whether the description or the other variable plays a more important part in the identification process.

Phillips suggests that the inability of some persons to recognize certain serious symptoms of disturbed behavior may be due to difficulty in evaluating an individual's behavior, and that knowledge

⁸Jack Elinson, Elena Padilla, and Marvin Perkins, Public Image of Mental Health Services (New York: Mental Health Materials Center, 1967).

TABLE 1

PERCENTAGE OF RESPONDENTS IN SIX STUDIES LABELLING CASE
ABSTRACTS AS INDICATING MENTAL ILLNESS*

Type of Case	National Study 1950 N=3500	Canadian Study 1955 N=540	Baltimore Study 1960 N=1736	Urban Leaders 1962 N=80	Rural	
					North Carolina 1968 N=1405	Teachers 1968 N=360
Paranoid	75	69	91	100	--	--
Simple Schizophrenic	34	36	78	72	76	78
Alcoholic	29	25	62	63	69	74
Depressed Neurotic	18	20	--	50	56	60
Disturbed Child	14	4	--	50	50	59
Compulsive-Phobic	7	4	--	40	--	--

*Source: W. K. Bentz, J. W. Edgerton, and F. T. Miller, "Perceptions of Mental Illness Among Public School Teachers," Sociology of Education, 42, 4 (Fall, 1969), p. 405.

about what help-source the individual is utilizing helps others to decide whether he is mentally ill.⁹

Nunnally argues the importance of labels in determining people's attitudes toward mental illness. He combined two of Star's abstracts with the labels of "insane man," "mentally ill man," and "emotionally disturbed man" to see whether the cases received different attitude ratings when they were labelled than when they were not, and whether the different labels themselves affected the identification of mental illness. He found that labels were, indeed, important determiners of attitudes toward the mentally ill.¹⁰

Identification of Mental Illness and Rejection of the Mentally Ill

Review of the literature indicates two contradictory points of view with regard to the consequences that labelling a person as mentally ill has for subsequent acceptance or rejection of that person. Some researchers have presented evidence suggesting that the consequences are positive, but most of the evidence supports the opposite conclusion: that the identification of mental illness is associated with rejection of the mentally ill.

Lemkau and Crocetti found in their Baltimore Study that their sample neither "isolated" nor "rejected" an individual once he had been identified as mentally ill. In fact, 50 per cent said that they

⁹Derek L. Phillips, "Rejection: A Possible Consequence of Seeking Help for Mental Disorders," in The Mental Patient, ed. by Stephan Spitzer and Norman K. Denzin (New York: McGraw-Hill Book Co., 1968), pp. 213-225.

¹⁰Jum C. Nunnally, Popular Conceptions of Mental Health (New York: Holt, Rinehart and Winston, 1961), pp. 139-148.

"could imagine themselves falling in love with someone who had been a patient in a mental hospital;" 50 per cent said that they "would be willing to room with someone who had been a patient in a mental hospital;" and 81 per cent said that they "wouldn't hesitate to work with someone who had been mentally ill."¹¹ Lemkau and Crocetti further infer that by defining deviant behavior as an illness, people will put the mentally ill in a sick role and offer understanding and support.

Bentz and Edgerton found no evidence in their study of a rural population in North Carolina to support the view that identification or labelling a person as mentally ill would result in a greater degree of rejection than if such a distinction was not made. On the contrary, their data revealed that persons who attached the label of mental illness to the described behaviors did not differ significantly from those persons not using this label in terms of their willingness to interact at various levels with the mentally ill. In fact, the overall response pattern suggested that the average rural respondent had a positive attitude toward people who have been described as mentally ill, and they were best described as accepting in their attitudes rather than as rejecting.¹²

¹¹Lemkau and Crocetti, "An Urban Population's Opinion and Knowledge about Mental Illness," p. 696.

¹²W. K. Bentz and J. W. Edgerton, "The Consequences of Labelling a Person as Mentally Ill," Social Psychiatry, 6, 1 (1971), p. 32.

Cumming and Cumming, and Nunnally, however, both found that once the label "mental illness" was applied, people responded by wanting to keep as far away as possible. The Cummings summarized the social response pattern of their sample to mental illness as: First, denial of mental illness; second, isolation of the affected person in a hospital when mental illness could no longer be denied; and finally, insulation of the whole problem by the secondary denial that the problem exists insofar as ordinary citizens could solve it.¹³

Phillips, in studies aimed directly at determining the cause of rejection against the mentally ill, found in one study that an individual exhibiting a given type of behavior was increasingly rejected as he was described as seeking no help, as seeing a clergyman, as seeing a physician, as seeing a psychiatrist, or as having been in a mental hospital. The biggest increase in rejection occurred when the individual was described as utilizing psychiatrists or mental hospitals.¹⁴ In a second study, Phillips found that individuals were rejected in accordance with how much their behavior deviated from socially prescribed norms, and not on the basis of how pathological their behavior was from a mental-hygiene point of view.¹⁵

¹³Cumming and Cumming, Closed Ranks, pp. 122-123.

¹⁴Phillips, "Rejection: A Possible Consequence of Seeking Help for Mental Disorders," p. 221.

¹⁵Derek L. Phillips, "Rejection of the Mentally Ill: The Influence of Behavior and Sex," American Sociological Review, 29 (1964) pp. 679-687.

Identification of Mental Illness and Small Groups

John and Elaine Cumming, in an article entitled "Affective Symbolism, Social Norms, and Mental Illness," attempt to formulate a social definition of Mental Illness. They state that one of the social dimensions of mental illness is found in the ways in which the manifestations of such illness are controlled by group norms. When a member of a small group acts, he is governed not only by his understanding of the system of values and beliefs-norms which are accepted by the group, but also by other members' expectations that he will be so governed. Communication between group members, therefore, is a vital part of group interaction.

Communication, they state, is made up of cognitive and affective symbols. Cognitive symbols communicate information and are consciously learned. Affective symbols communicate feelings, and must be normatively governed to be understood--its uses and meanings are governed by rules which are agreed upon among members of the group who use it. Affective symbols are normatively governed both qualitatively and quantitatively. The communication must be appropriate in the circumstances in which it occurs, and it must be quantitatively correct. When the affective-symbolic communication between a person and his group becomes disequibrated, a process of isolation and uninvolvedness begins, and deviant status is more easily attained. The group member is no longer dependent on group sanctions, and his behavior is more easily labelled as deviant or "ill" by the group.

The Cummings attempt to measure the effect of qualitative and quantitative nonnormative behavior of a person on the labelling of him as deviant by others. They do this by distinguishing those of

Star's abstracts which are examples of behaviors which are qualitatively nonnormative (paranoid, extreme alcoholism, and delinquency), and those which are examples of behaviors which are quantitatively nonnormative (anxious depression and phobic-compulsiveness). They found that qualitatively nonnormative behavior was more readily designated as deviant than those which describe quantitatively aberrant behavior. The reasons given for this are that qualitative deviance is intrinsically nonnormative as well as disturbing to the group equilibrium, while behavior erring on the side of too little or too much, could have intent imputed to it. Quantitative deviance might, therefore, escape the deviant label either altogether or for a longer period of time.¹⁶

David Mechanic states that all behavior occurs within a specific group setting, and that the frame of reference of one evaluator is not always comparable with another. The behavior which is defined as a symptom of "illness" may be as much a characteristic of some particular situation or group setting as it is an enduring attribute of the person.

Mechanic also states that a definition of deviancy is made and acted upon when the consequences of this deviancy are serious for the group. It would, therefore, seem that early definitions of mental illness would most likely take place in the groups within which the person primarily operates--namely the family.¹⁷

¹⁶Elaine and John Cumming, "Affective Symbolism, Social Norms, and Mental Illness," Psychiatry, 19 (February, 1956), pp. 77-85.

¹⁷David Mechanic, "Some Factors in Identifying and Defining Mental Illness," in The Mental Patient, ed. by Stephan P. Spitzer and Norman K. Denzin (New York: McGraw-Hill Book Co., 1968), pp. 195-203.

Several studies have shown, however, that the definition of mental illness is applied to a family member only after much resistance and as a last alternative. Yarrow and her colleagues, in their article "The Psychological Meaning of Mental Illness in the Family," have documented the monumental capacity of family members, before hospitalization, to overlook, minimize, and explain away evidence of profound disturbance in an intimate associate.¹⁸ Sampson, Messinger and Towne observed that both before and after hospitalization some type of accommodative pattern ordinarily evolved between the disturbed person and his family, which permitted or forced him to remain in the community in spite of severe difficulties. It was the disruption of this pattern which eventually brought the disturbed person to psychiatric attention.¹⁹ Charlotte Schwartz found in her study that at first, the "peculiar" or "unusual" behavior was usually ignored. When these acts were perceived, a reasonable basis for the behavior was sought. The closer the definer was to the person whose behavior was under consideration, the greater was the tendency to utilize the normality framework in interpreting the behavior. When the behavior could no longer be interpreted within a normality framework, the strain toward a normalcy definition was still in evidence--for example, choosing a

¹⁸Marian Radke Yarrow, et al., "The Psychological Meaning of Illness in the Family," The Journal of Social Issues, XI, 4 (1955), pp. 12-24.

¹⁹Harold Sampson, Sheldon L. Messinger, and Robert D. Towne, "Family Processes and Becoming a Mental Patient," in The Mental Patient ed. by Stephan P. Spitzer and Norman K. Denzin (New York: McGraw-Hill Book Co., 1968), pp. 203-213.

definition of physical illness rather than that of mental illness to account for the acts of deviance.²⁰

Jones and DeCharms found that in small groups, the perception of a person's behavior as deviant was dependent on the relevance of his behavior to the value maintenance of other members of his group. They conducted two experiments to demonstrate that different inferences could be drawn from the same behavior when this behavior did or did not have personal relevance for the perceiver. When the "failure" of the person affected the rewards of all of the members of the group, he was evaluated more negatively than when his behavior affected no one but himself.²¹

It is important to state, therefore, that what may be viewed as deviant in one social group may be tolerated in another. How group members view a particular behavior can influence both the frequency with which it occurs and the extent to which it is exhibited. In other words, all groups exercise considerable control over their members.

²⁰Charlotte Green Schwartz, "Perspectives on Deviance---Wives' Definitions of their Husbands' Mental Illness," Psychiatry, 20 (August, 1957), pp. 257-291.

²¹E. E. Jones and R. DeCharms, "Changes in Social Perception as a Function of the Personal Relevance of Behavior," Sociometry, 20 (March, 1957), pp. 75-85.

CHAPTER II

THE RESEARCH PROBLEM

This study is similar to the previous studies cited in that it attempts to assess the kinds of behavior people identify as mental illness by using behavioral descriptions manifesting symptoms of mental illness to varying degrees. Most of the studies cited, however, investigated primarily the relationships between the ability to make positive identifications of mental illness and various demographic characteristics--such as race, age, income, level of education, rural vs. urban, etc.¹ Some studies combined the behavioral descriptions with other relevant characteristics, such as knowledge of the help source utilized or labelling, in order to determine whether the behavioral descriptions or other variables were more responsible for the ability to identify mental illness in a person.²

¹W. K. Bentz, J. W. Edgerton, and Margaret Kherlopian, "Perceptions of Mental Illness Among People in a Rural Area;" W. K. Bentz, J. W. Edgerton, and F. T. Miller, "Perceptions of Mental Illness Among Public School Teachers;" John and Elaine Cumming, Closed Ranks: An Experiment in Mental Health Education; Bruce P. Dohrenwend, V. W. Bernard, and L. C. Kolb, "The Orientations of Leaders in an Urban Area Toward Problems of Mental Illness;" Jack Elinson, Elena Padilla, and Marvin Perkins, Public Image of Mental Health Services; Joint Commission on Mental Illness and Health, Action for Mental Health; and, Paul Lemkau and Guido Crocetti, "An Urban Population's Opinion and Knowledge about Mental Illness."

²Jum C. Nunnally, Popular Conceptions of Mental Health; Derek L. Phillips, "Rejection of the Mentally Ill: The Influence of Behavior and Sex;" and Derek L. Phillips, "Rejection: A Possible Consequence of Seeking Help for Mental Disorders."

This study investigates a different variable which influences the ability of a person to make a positive identification of mental illness from a behavioral description--the relationship between the person being identified and the person doing the identifying.

The Effect of Group Membership on Identification
of Mental Illness

Through interviews and case analyses, researchers have been able to recognize the influence of family membership on the willingness and ability to identify behavior as mental illness.³ Other studies have demonstrated the influence of small groups on the behavior of its members, and have examined the situational factors which encourage or discourage the labelling of such behavior as deviant.⁴ The aim of this study is to investigate whether the ability to identify mental illness from a behavioral description of a person is altered when the concept of friendship with all of its implications is incorporated into the description. In the review of the literature, no study was found which dealt with this particular aspect of the problem.

How do people interpret a description of unusual behavior when they know that the description is referring to a close friend, or to a fellow member of a favorite club? Is their interpretation different from that of others who have no idea to whom the description refers?

³Harold Sampson, Sheldon L. Messinger, and Robert D. Towne, "Family Processes and Becoming a Mental Patient;" Charlotte Schwartz, "Perspectives on Deviance--Wives' Definition of their Husbands' Mental Illness;" and Marian Radke Yarrow, et al., "The Psychological Meaning of Mental Illness in the Family."

⁴John and Elaine Cumming, "Affective Symbolism, Social Norms, and Mental Illness;" and E. E. Jones and R. DeCharms, "Changes in Social Perception as a Function of the Personal Relevance of Behavior."

Is this factor alone sufficient to alter the perception of mental illness, without having to take into consideration the observation or effects of the behavior itself? This study represents an exploratory attempt to devise a method of measuring the various aspects of this problem. The first hypothesis to be tested, therefore, is:

A person asked to perceive mental illness from a behavioral description of a person defined as a fellow member of a special interest friendship group, will interpret the behavior as normal more so than a person asked to perceive mental illness from the same behavioral description without the definition of group membership.

Charlotte Schwartz states that "the closer the identifier is socially and emotionally to the person whose behavior is under consideration, the greater will be the tendency to utilize the normality framework in interpreting the behavior."⁵ Although this concept is implied in the first hypothesis, it will be examined further in the next hypothesis by creating a special friendship pattern within the group structure. The second hypothesis is:

A person asked to perceive mental illness from a behavioral description of a person defined as a close friend among the members of a special interest friendship group--will interpret the behavior as normal more so than a person asked to perceive mental illness from the same behavioral description with the person being defined as a fellow group member or without the definition of group membership at all.

Identification of Mental Illness and Rejection

Most studies which attempt to understand the public's identification of mental illness from behavioral descriptions, include some measurement of acceptance or rejection as an additional indicator of

⁵Charlotte Schwartz, "Perspectives on Deviance--Wives' Definition of their Husbands' Mental Illness," p. 277.

people's attitudes toward the mentally ill.⁶ In fact, some of these studies are primarily concerned with the relationship between the ability to identify behavior as mental illness and the acceptance or rejection of the mentally ill.⁷

All of the studies reviewed, with the exception of the work done by Phillips, measure rejection of the "mentally ill" as a special group. They make use of social distance scales to determine the extent to which their respondents are willing to interact with persons who are termed mentally ill. Phillips, however, uses a social distance scale to measure how close a relationship the respondents are willing to tolerate with each of the individuals in the case abstracts. His scores are a measure, therefore, of the rejection of individuals based on their behavioral descriptions. It is the rejection of an individual by another based upon individual criteria, rather than rejection of a group of people classified as "mentally ill."

This study is also concerned with the rejection of persons based upon their individual behavioral characteristics, but it attempts to measure this attitude by another means. In the experimental

⁶W. K. Bentz, "The Consequences of Labelling a Person as Mentally Ill;" John and Elaine Cumming, Closed Ranks; Elaine and John Cumming, "Affective Symbolism, Social Norms, and Mental Illness;" Jack Elinson, Elena Padilla, and Marvin Perkins, Public Image of Mental Health Services; Paul Lemkau and Guido Crocetti, "An Urban Population's Opinion and Knowledge About Mental Illness;" Joint Commission on Mental Illness and Health, Action for Mental Health; Jum C. Nunnally, Popular Conceptions of Mental Health; Derek L. Phillips, "Rejection: A Possible Consequence of Seeking Help for Mental Disorders;" and Derek L. Phillips, "Rejection of the Mentally Ill: The Influence of Behavior and Sex."

⁷W. K. Bentz and J. W. Edgerton, "The Consequences of Labelling a Person as Mentally Ill;" Elaine and John Cumming, Closed Ranks; Elaine and John Cumming, "Affective Symbolism, Social Norms, and Mental Illness;" Derek L. Phillips, "Rejection of the Mentally Ill: The Influence of Behavior and Sex;" and Derek L. Phillips, "Rejection: A Possible Consequence of Seeking Help for Mental Disorders."

groups of this study, a pattern of interaction is built into the experimental condition. To assess rejection along an interaction scale based on other types of criteria would be inappropriate. A scale of social acceptance based on subjective definitions of friendship is utilized instead, and is the basis for the third and last hypothesis.

Individuals with the same behavioral description will be increasingly less accepted socially as they are identified as:

- 1) "normal"
- 2) "having something wrong with them--but not "mental illness," and
- 3) "mentally ill."

CHAPTER III

PROCEDURE

The main independent variable of this study is the experimentally defined friendship pattern. In order to isolate this variable as much as possible so that its effect on the dependent variable--the identification of mental illness--could be determined, it was necessary to control for a number of other relevant variables. Since the sample is small, relevant variables were deliberately excluded by the use of a homogeneous population. The study population was divided into three groups--two experimental and one control--on the basis of respondent's class assignment. The respondents in each of these three groups received a form of the questionnaire adapted to its treatment condition.

Sample

The sample in this study consists of 189 college students who were in the process of completing courses in introductory sociology.

Of all the demographic variables analyzed in the previous studies, only two showed consistent significant relationships: 1) to the ability to identify mental illness from a behavioral description, and 2) between identification of mental illness and rejection. These are the variables of age and level of education. The younger and/or better educated tend to identify mental illness from behavioral descriptions more often than those who are older and/or less educated.

The younger and/or better educated are also less likely to reject a person on the basis of mental illness than those who are older and/or less educated.¹

By testing young college students, both age and level of education were controlled. The selection of those students enrolled in a social science course served two additional purposes. First, it insured that the students have had at least an exposure to social issues and problems; and secondly, it enabled the researcher to make use of the classroom setting to distribute the questionnaire under controlled conditions.

Table 2 presents the demographic characteristics of the study population. The majority of the respondents are between the ages of eighteen or nineteen, and are either freshman or sophomores in college. Almost two-thirds of the respondents are Protestant, and come from families in which the father is either a professional or in business or management. In addition, almost three-quarters of the respondents know someone personally whom they would consider mentally ill.

¹The Cummings in Closed Ranks, and Nunnally in Popular Conceptions of Mental Health, found that both age and level of education were relevant variables in determining ability to identify mental illness and in rejection rates. Bentz, Edgerton and Kherlopian in "Perceptions of Mental Illness among People in a Rural Area"; Dohrenwend, Bernard and Kolb in "The Orientations of Leaders in an Urban Area Toward Problems of Mental Illness"; Lemkau and Crocetti in "An Urban Population's Opinion and Knowledge About Mental Illness"; and Phillips in "Rejection of the Mentally Ill: The Influence of Behavior and Sex," found that education was the relevant variable involved.

TABLE 2

BREAKDOWN OF STUDY POPULATION ACCORDING TO SELECTED
DEMOGRAPHIC CHARACTERISTICS

Characteristic	Number	Percentage
<u>Age</u>		
18	13	6.8
19	75	39.7
20	58	30.7
21 and over	<u>43</u>	<u>22.8</u>
	189	100.0
<u>Sex</u>		
Male	88	46.5
Female	<u>101</u>	<u>53.5</u>
	189	100.0
<u>Year in College</u>		
Freshman	88	46.5
Sophomore	61	32.3
Junior	27	14.3
Senior	<u>13</u>	<u>6.9</u>
	189	100.0
<u>Religious Affiliation</u>		
Protestant	122	64.4
Catholic	28	14.9
Jewish	6	3.2
Other	<u>33</u>	<u>17.5</u>
	189	100.0
<u>Father's Occupation</u>		
Professional	47	24.9
Business and management	83	43.9
Clerical and sales	15	7.9
Craftsman	10	5.3
Laborer	10	5.3
Other	<u>24</u>	<u>12.7</u>
	189	100.0

TABLE 2--CONTINUED

Characteristic	Number	Percentage
<u>Preferred Major</u>		
Social Sciences	50	26.5
Humanities	45	23.8
Physical Sciences	35	18.5
Business	18	9.5
Education	23	12.2
Other	18	9.5
	<u>189</u>	<u>100.0</u>
<u>Know Someone "Mentally Ill"</u>		
Yes	136	72.0
No	53	28.0
	<u>189</u>	<u>100.0</u>

Method of Study

The sample population was divided into three groups--two experimental and one control--on the basis of respondent's class assignment. Analysis was conducted to investigate the comparability of the groups on important demographic characteristics. See Table 3 below.

TABLE 3

PERCENTAGE DISTRIBUTION OF SAMPLE AMONG THE THREE GROUPS
ACCORDING TO SELECTED DEMOGRAPHIC CHARACTERISTICS

Characteristic	Group I N=67	Group II N=61	Group III N=61	Total Sample N=189
<u>Year in College*</u>				
Freshman	29.8	73.7	37.7	46.5
Sophomore	40.3	16.3	39.2	32.3
Junior	19.4	5.0	18.1	14.3
Senior	10.5	5.0	5.0	6.9
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Age*</u>				
18	3.0	11.5	6.6	6.8
19	28.4	57.4	34.5	39.7
20	40.3	16.4	34.5	30.7
21 and over	28.3	14.7	24.4	22.8
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Religion</u>				
Protestant	67.1	60.6	65.6	64.4
Catholic	13.4	16.4	14.8	14.9
Jewish	4.5	1.6	3.2	3.2
Other	15.0	21.4	16.4	17.5
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Father's Occupation*</u>				
Professional	23.8	18.1	32.8	24.9
Business & Management	43.2	49.1	39.4	43.9
Clerical and Sales	16.5	5.0	1.7	7.9
Craftsman	3.0	6.5	6.5	5.3
Laborer	1.5	5.0	9.8	5.3
Other	12.0	16.3	9.8	12.7
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

TABLE 3--CONTINUED

Characteristic	Group I N=67	Group II N=61	Group III N=61	Total Sample N=189
<u>Sex</u>				
Male	40.2	55.8	44.3	46.5
Female	<u>59.8</u>	<u>44.2</u>	<u>55.7</u>	<u>53.5</u>
	100.0	100.0	100.0	100.0
<u>Preferred Major</u>				
Social Sciences	34.3	26.3	18.1	26.5
Humanities	23.7	18.1	29.5	23.8
Physical Sciences	19.5	23.0	13.2	18.5
Business	7.5	9.8	11.5	9.5
Education	10.5	6.5	19.6	12.2
Other	<u>4.5</u>	<u>16.3</u>	<u>8.1</u>	<u>9.5</u>
	100.0	100.0	100.0	100.0
<u>Know Someone</u> <u>"Mentally Ill"</u>				
Yes	70.2	70.5	75.5	72.0
No	<u>29.8</u>	<u>29.5</u>	<u>24.5</u>	<u>28.0</u>
	100.0	100.0	100.0	100.0

* Significant differences between groups--Year in college and Age at .01 level of significance; Father's Occupation at .05 level of significance.

There are significant differences in the percentage distribution of three demographic characteristics among the three groups. They are year in college, age and father's occupation. Over half of the respondents in Group II are nineteen years old and almost three-quarters of the respondents in this Group are freshmen.

A questionnaire was distributed to every member of each group within a classroom setting and collected immediately upon completion.

This was done to insure that responses were made with little reflection and no collaboration.

Each of the three groups received a form of the questionnaire adapted to its treatment condition. The basic form of the questionnaire was given to the first group--the control group. It consisted of six behavioral descriptions with three related questions for each, and a set of questions about the background characteristics of the respondents.²

The second group--an experimental group--received a questionnaire with the same basic form, but it was preceded by a brief description of a special interest friendship group with which the respondents in this group were asked to identify. The six behavioral descriptions were defined as belonging to fellow members of this group.

The third group--the other experimental group--received the same form of the questionnaire as the second group. In addition to the six behavioral descriptions being defined as belonging to fellow members of this friendship group, however, two of the descriptions were singled out for special attention. They were defined as being "close friends" of the respondent. One of these "close friends" descriptions was a manifestation of a severe behavioral disorder, the other a more mild form.

The Questionnaire

Experimental Conditions

Condition I - The Special Interest Friendship Group. A special interest friendship group was described on the first page of the

²These questions are discussed in the following section.

questionnaires distributed to the two experimental groups. Its design was aimed at being both realistic and appealing enough for the young college men and women in this sample to have imagined themselves a part of such a group. At the same time, the structural characteristics of the group had to be clearly defined since many of these characteristics can directly affect group members' perception of behavior. In order to measure the effects on perception of behavior that result from being grouped together within the same structure, the effects resulting from differences in group structures had to be controlled. For this reason, the following specifications were made:

1) that the group be a friendship, leisure-activity group rather than a work-oriented group. This specification was made in order to avoid task and goal-oriented problems. Jones and DeCharms state that "perceptions of another's characteristics vary as a function of whether the other's behavior promotes or interferes with goal attainment or value maintenance."³ Even if a person behaves in an objectively identical way, his behavior can be perceived and evaluated differently if the consequences of his behavior vary.

2) that the group be a special interest group. Donald Olmsted states the necessity for recognizing that "voluntary groups tend to attract persons who have certain psychological or social characteristics which are similar."⁴ An avid interest in a hobby could form the

³E. E. Jones and R. DeCharms, "Changes in Social Perception as a Function of the Personal Relevance of Behavior," p. 75.

⁴Donald W. Olmsted, "Some Problems in Studying Social Groups," in Social Psychology: Readings and Perspective, ed. by Edgar F. Borgatta (Chicago: Rand McNally and Co., 1969), p. 619.

basis around which a friendship group could develop. The selection of "modern jazz" as the common interest around which the group was formed was made because it appeared to the researcher to attract the proper level of involvement and exclusiveness. The selection of "rock music" as the focal point of interest, for example, which attracts a large proportion of the young generation, could possibly have discouraged the respondents from expending the additional effort necessary to identify with a special group created for this purpose. The selection of "opera", on the other hand, which requires a certain amount of knowledge and expertise, could have proven to be too exclusive, and the interest group could have been rejected by some of the respondents as an improbable one with which to identify.

3) that the group meets weekly, and that it has been in existence for almost a year. David Olmsted states that "the minimum characteristic on the basis of which groups are objectively determinable is that there is a continuity of social interaction. Essentially the same set of persons must have some history of interaction, they must currently meet either regularly or frequently, and the assumption must be strong on the part of the participants that they will continue to interact in the future."⁵ In addition, the specification that the group holds weekly meetings permits enough time to elapse between meetings to plausibly explain a group member's unawareness of another's unusual behavior until brought to his attention by an outside source.

⁵Ibid., p. 621. The researcher attempted to create a group which satisfied as many as possible of David Olmsted's major characteristics of a "genuine" social group as outlined in this reference.

Hopefully, this factor adds credibility to the experimental conditions of this research---where descriptions of unusual behavior are inserted in the questionnaire after the respondents are asked to accept these people as fellow members of a group or "close" friends.

Condition II - "Close Friend." Two behavioral descriptions were used to test the effects of the definition of "close friend" on perception of behavior as mental illness. The selection of one behavioral description which manifests severe symptoms of mental illness, and the selection of the other which manifests less severe symptoms, was made in order to control for the effects of severity of symptoms on the perception of mental illness.

The Behavioral Descriptions

All of the studies reviewed for this research which dealt with identification of mental illness on the basis of a behavioral description, used either some or all of Shirley Star's six case abstracts--except for the study by Elinson, Padilla and Perkins. Star's case abstracts are descriptions of "ideal types" of six psychotic or neurotic states. Elinson's group adapted Star's abstracts for use in their survey of public attitudes toward mental illness in New York City. With Shirley Star acting as consultant, they developed twenty-two vignettes which were briefer and less stereotypical as "ideal types" of psychotic or neurotic behavior. After extensive pre-testing, a set of thirteen vignettes were incorporated into their final questionnaires.⁶ These vignettes have a

⁶See Appendix I for complete vignettes.

definite advantage over the six original case abstracts in that they are: 1) briefer, 2) more adaptable, 3) less familiar, 4) less stereotypical, and 5) less obvious.

Six of the vignettes were chosen for this study. These choices were made on the basis of: 1) their ability to be adapted to meaningful behavioral descriptions for our sample population, 2) their ability to attract a varying degree of consensus about attributing mental illness to their description of behavior, and 3) sex--an equal number of male and female cases were chosen.

The percentage of responses which attributed mental illness to the behavior described for each of the six vignettes, according to Elinson's results, is as follows:

1. Married man who likes to wear wife's clothes-----	90.6%
2. Man who threatens his wife-----	72.2%
3. Woman who keeps to herself-----	64.5%
4. Unhappy young woman-----	47.7%
5. Cheerful girl who re-checks door and stove-----	39.1%
6. Successful man who is moody and tense-----	32.4%

Each of the above vignettes were reworded to describe behavior which would be more meaningful to the sample. The vignettes were rearranged in the questionnaires, and were placed so that the descriptions alternated on the basis of degree of consensus about them conveying mental illness and sex. The number in parentheses to the left of the descriptions indicate the order in which they appear in the questionnaires. They are as follows:

(5) 1. Married man who likes to wear wife's clothes--

"Frank, who really enjoys his work and gets along great with his wife, likes to wear clothes made for women. When he gets home at night, and on weekends, he wears his wife's clothes around the house."

- (1) 2. Man who threatens his wife.

"Jim, who's always been a really nice guy, started cursing out his roommate last week. He's been hitting him and threatening to kill him. He says that he is working against him just like everyone else."

- (4) 3. Woman who keeps to herself.

"Sally, who's not bad looking, has been keeping to herself for the past few weeks. She's been staying home and daydreaming most of the time. She's not showing any interest in men, her parents, or school, or in anything else."

- (6) 4. Unhappy young woman.

"Fran has been feeling that nobody really cares for her. She's always in an unhappy mood. She's been going around telling herself and others that she is no good."

- (2) 5. Cheerful girl who re-checks door and stove.

"Janet, who's always so happy and cheerful, never leaves her place without having to go back to see if the door is locked and the gas stove is turned off. She is also so afraid of elevators that she'll never use one under any conditions."

- (3) 6. Successful man who is moody and tense.

"Jack, who's always so successful, has been moody and touchy lately. He has been losing a lot of sleep, worrying about all of the things that might go wrong."

"Jim" (1) and "Janet" (2) were selected to be the "close friends" in the third form of the questionnaire. These two vignettes were chosen both on the basis of degree of consensus about them conveying mental illness and on the basis of sex--72 per cent of Elinson's sample attributing mental illness to the description of "Jim" and 39.1 per cent to "Janet."

The Three Related Questions

1. Do you think that anything is wrong with Jim (etc.)?
2. Do you think that he (or she) has some kind of mental illness?
3. Would you be:
 - (a) willing to accept Jim (etc.) as a very close friend?
 - (b) willing to accept Jim (etc.) as a friend?
 - (c) indifferent as to whether Jim (etc.) is a friend or not?
 - (d) reluctant to accept Jim (etc.) as a friend?
 - (e) definitely unwilling to accept Jim (etc.) as a friend?⁷

Question One was asked for two reasons: 1) to make a finer distinction between behavior which is considered abnormal and behavior which is defined as mental illness, (several studies indicate that this distinction does exist⁸) and 2) to test the third hypothesis that the degree of social acceptance depends on this distinction--whether the person is identified as "normal," having "something wrong with him but not mental illness," or "mentally ill."

The decision to use a social acceptance type scale in Question Three rather than a social distance scale was made for the following reasons:

- 1) The social distance scale measures acceptance-rejection on items which are relevant to the researcher. Since this study was designed to force the respondents to use subjective interpretations of many of the key terms, such as "mental illness," "something wrong,"

⁷The wording of this third question was altered slightly on the second and third questionnaire forms to allow for the special conditions of fellow group member and close friend.

⁸W. K. Bentz, J. W. Edgerton, and Margaret Kherlopian, "Perceptions of Mental Illness Among People in a Rural Area"; W. K. Bentz, J. W. Edgerton, and F. T. Miller, "Perceptions of Mental Illness Among Public School Teachers"; John and Elaine Cumming, Closed Ranks; John and Elaine Cumming, "Affective Symbolism, Social Norms, and Mental Illness"; and Bruce P. Dohrenwend, V. W. Bernard, and L. C. Kolb, "The Orientations of Leaders in an Urban Area Toward Problems of Mental Illness."

"fellow member," and "close friend," the scale used to measure social acceptance should also force the respondents to interpret subjectively the various levels of friendship.

2) The social distance scale measures acceptance by the willingness to tolerate interaction in a variety of settings. The emphasis in this study is in determining the level of acceptance without specific reference to a concrete situation.

3) Sex differences can bias the results from a social distance scale when willingness to tolerate an intimate relationship is tied directly to a definite situation.

4) The social distance scale, in order to be a valid measuring instrument, must not only be unidirectional along a continuum, but must also have scale points which are equidistant from each other.⁹ The social acceptance scale is a simple measure that ranks individuals along a continuum of "acceptability."

5) The items in a social distance scale depend on uniform interpretation of word meanings within each sample, and the scale has to be tested for reproduceability in order to guarantee that it scales properly. A scale cannot be borrowed or adapted without first pre-testing it on an appropriate sample. The social acceptance scale in this study was borrowed from a part of the scale which David P.

⁹William J. Goode and Paul K. Hatt, Methods in Social Research (New York: McGraw-Hill Publishing Co., Inc., 1952), pp. 243-249.

Ausubel, Herbert M. Schiff, and E. B. Gasser used to measure socio-empathy among school children.¹⁰

Background Characteristics

1. Age
2. Year in college
3. Religious Affiliation
4. Father's Occupation
5. Sex
6. Preferred major in college, if known
7. Knowledge of someone whom would be considered as mentally ill

Father's Occupations were classified into six major groupings on the basis of their standing in the Alba M. Edwards' Social-Economic Grouping of Occupations. This index measures the socioeconomic position of an occupation--each group purporting to have a somewhat distinct economic standard of life and to exhibit intellectual and social similarities. The two major dimensions for the ranking order are income and education. This is the most widely used scale of socio-economic groupings of gainful workers in the United States, and is the basis on which the United States Census has grouped workers

¹⁰D. P. Ausubel, H. M. Schiff, and E. B. Gasser, "A Preliminary Study of Developmental Trends in Socioempathy: Accuracy of Perception of Own and Others' Sociometric Status," Child Development, XXIII (1952), pp. 111-128. Many sociometric studies were reviewed for this study in order to understand how one member of a group assesses another--what are the bases for his evaluations; how are his perceptions formed; how does the group influence his evaluations; and how do the evaluations of others influence his evaluations. Although sociometric measurement could not be adapted for this study, knowledge of its various techniques for measuring group relationships is essential for any study which undertakes the study of group interaction. Since group interaction is only implied in this study, and in no way can be examined, the social acceptance scale was decided upon as the best technique for assessing the social acceptability of the persons described in the study. For excellent examples of studies on sociometric status, see Edgar F. Borgatta, ed., Social Psychology: Readings and Perspective; and J. L. Moreno et al., ed., The Sociometry Reader (Glencoe: The Free Press, 1960).

since 1930 in the decennial census.¹¹ The categories are as follows:

- 1) Professional, technical, and kindred workers
- 2) Business managers, officials, and proprietors
 - a. nonfarm managers, officials, and proprietors
 - b. farm owners and managers
- 3) Clerical and sales workers
 - a. clerical and kindred workers
 - b. sales workers
- 4) Craftsmen, foremen, and kindred workers
- 5) Operatives and kindred workers
- 6) Unskilled, service and domestic workers
 - a. Private household workers
 - b. Service workers, except private household
 - c. Farm laborers, unpaid family workers
 - d. Laborers, except farm and mine

Categories five and six were combined in this study because the number of responses which fit into these two categories was very small.

Test for Acceptance of Self and Acceptance of Others

A short scale which attempts to measure self-acceptance and acceptance of others was inserted in this section of the questionnaire because studies have indicated that these two attitudes are significantly related. Since part of this study attempts to measure acceptance of others from a behavioral description, the respondents' scores on this scale may be a relevant variable.

W. E. Fey devised a scale to test the relationship between feelings of self acceptance, acceptance of others, and feelings of acceptability to others. He found that individuals with high self

¹¹Delbert C. Miller, Handbook of Research Design and Social Measurement (New York: David McKay Publishing Co., Inc., 1964), pp. 98-100.

acceptance scores tended to accept others and feel accepted by others also. Individuals with high acceptance-of-others scores tended, in turn, to feel accepted by others, and tended to be accepted by them.¹²

E. M. Berger found that self-acceptance and acceptance of others were significantly related by using a combination self-acceptance and acceptance of others scale which he devised. The self-acceptance scale was made up of thirty-six items, and the acceptance of others scale of twenty-eight items. These items were selected from an initial pool of forty-seven statements on self-acceptance and forty statements on acceptance of others on the basis of an item analysis. The scales were administered to 200 students in first year sociology or psychology, ages seventeen to forty-five. The scales were carefully developed and extensive evidence of validity was provided.

Berger based his items on the definition of a self-accepting person as being "guided by internalized values rather than external pressure, having faith in his capacity to deal with life, being responsible, accepting criticism objectively, having a sense of self-worth, and having an absence of shyness or self-consciousness." His items in the scale attempt to measure each of these traits from various perspectives.¹³

¹²W. E. Fey, "Acceptance by Others and Its Relation to Acceptance of Self and Others: A Revaluation," Journal of Abnormal and Social Psychology, 50, 2 (1955), pp. 274-276.

¹³E. M. Berger, "The Relation between Expressed Acceptance of Self and Expressed Acceptance of Others," Journal of Abnormal and Social Psychology, 47 (1952), pp. 778-782. See Appendix II for complete Berger Self-Acceptance Scale.

Twelve items from Berger's scale were taken and put together in a brief scale for this study. Berger's scale was selected because of its extensive evidence of validity, and because the majority of the population on which Berger conducted his study was very similar to the sample population of this study. Six items were selected on the basis of their measuring a different trait in the definition of a self-accepting person given above. Items were not selected, however, which implied traits which would cause serious problems with social acceptance. Three of these items were worded positively, and three were worded negatively. The other six items were selected to measure acceptance of others. Three of these, also, were worded positively and three negatively. The order in which these items appeared in this brief scale were mixed as much as possible. The twelve items selected for the questionnaires in this study are as follows:¹⁴

- 1) I don't question my worth as a person, even if I think others do.
- 2) I can be comfortable with all varieties of people--from the highest to the lowest.
- 3) I look on most of the feelings and impulses I have toward people as being quite natural and acceptable.
- 4) I am quite shy and self-conscious in social situations.
- 5) In order to get along and be liked, I tend to be what people expect me to be rather than anything else.
- 6) There's no sense in compromising. When people have values I don't like, I just don't care to have much to do with them.
- 7) I enjoy myself most when I'm alone, away from other people.

¹⁴See Appendix III for the complete questionnaires.

- 8) I enjoy doing little favors for people even if I don't know them well.
- 9) I'm very sensitive. People say things and I have a tendency to think they're criticizing me or insulting me in some way and later when I think of it, they may not have meant anything like that at all.
- 10) I feel confident that I can do something about the problems that may arise in the future.
- 11) When someone asks for advice about some personal problem, I'm most likely to say, "It's up to you to decide," rather than tell him what he should do.
- 12) I'm easily irritated by people who argue with me.

CHAPTER IV

RESULTS AND INTERPRETATION--HYPOTHESIS I

A person asked to perceive mental illness from a behavioral description of a person defined as a fellow member of a special interest group--will interpret the behavior as normal more so than a person asked to perceive mental illness from the same behavioral description without the definition of group membership.

In order to accept this hypothesis, the respondents in the two experimental groups must have: 1) perceived the behavior in each of the six vignettes as not indicating mental illness significantly more so than the respondents in the control group; and 2) perceived the persons in each of the six vignettes as not having something wrong with them significantly more so than the respondents in the control group.

Perception of Mental Illness

Effects of Experimental Conditions on Perception of Mental Illness

The respondents in Group I, the control group, were asked to perceive whether the behavior described in each of the six vignettes was indicative of mental illness, when the vignettes were presented by themselves with no attempt made to identify them. The respondents in Groups II and III were informed that the behavior described in the vignettes belonged to fellow members of a special interest friendship group. There should be significant decreases, therefore, between the percentage of respondents perceiving mental illness in Group I, and

the percentage of respondents perceiving mental illness in Groups II and III. See Table 4 below.

TABLE 4

PERCENTAGE OF RESPONDENTS WHO DID AND DID NOT PERCEIVE
MENTAL ILLNESS FROM THE SIX BEHAVIORAL DESCRIPTIONS
IN THE THREE GROUPS OF THIS STUDY

Behavioral Description	Group I N=67		Group II N=61		Group III N=61		Total Sample N=189	
	Ill	Not Ill	Ill	Not Ill	Ill	Not Ill	Ill	Not Ill
Jim	59.8	40.2	49.1	50.9	54.0	46.0	54.5	45.5
Frank*	59.8	40.2	39.4	60.6	57.4	42.6	52.4	47.6
Fran	16.5	83.5	18.0	82.0	24.6	75.4	19.6	80.4
Janet	13.5	86.5	5.0	95.0	5.0	95.0	7.9	92.1
Sally	6.0	94.0	8.2	91.8	1.7	98.3	5.3	94.7
Jack	3.0	97.0	1.7	98.3	3.3	96.7	2.7	97.3

* Significant differences were found between groups at the .05 level. Note, however, that the percentage of responses in Group III is similar to the percentage of responses in Group I.

For only one vignette--Frank (who likes to wear women's clothes), was there a significant difference between the percentage of respondents perceiving mental illness in Group I and the percentage of respondents perceiving mental illness in Group II. The percentage of respondents perceiving Frank to be mentally ill in Group III, however, was similar to that of Group I--the control group--and not to that of Group II--the other experimental group. This is explained partially by the demographic characteristics of the respondents, and will be discussed more fully later in the chapter.

For four of the vignettes--Jim, Janet, Jack and Frank--there was a decrease in the percentage of respondents perceiving mental illness between Group I and Group II, although only Frank's decrease was significant.

Group III had no set pattern of responses. For Janet, the percentage of respondents in Group III who perceived mental illness was the same as that of Group II; for Jim, the percentage in Group III was less than that of Group I, but more than that of Group II. The percentages perceiving Frank to be mentally ill in Group III were similar to that of Group I, and considerably more than that of Group II. For Jack and Fran, the percentage of respondents perceiving mental illness in Group III was more than those of Groups I and II; and for Sally, the percentage was less than those of Groups I and II.

When the respondents in the control group of this study were asked whether the six behavioral descriptions presented to them were indications of mental illness, less than sixty per cent answered in the affirmative. For four of the six vignettes, less than twenty per cent of the control group respondents replied that they were indicative of mental illness.

When these same descriptions were identified as fellow members of a special interest friendship group, and presented to the experimental groups, there was only one significant decrease in the percentage of respondents who perceived them to be mentally ill. It should be noted, however, that for three of the six vignettes, there was a tendency toward rejecting the label of mental illness when the behavioral descriptions were identified as fellow members of a special interest friendship group.

On the basis of these results, it can be concluded that the experimental condition which defined each of the behavioral descriptions as a fellow member of a group, was not able to significantly decrease the percentage of respondents perceiving mental illness in the experimental groups. Although the percentage of respondents perceiving mental illness in the experimental groups were less than that of the control group for half of the vignettes, the differences were not enough to support the hypothesis.

Before concluding, however, that the identification of persons in behavioral descriptions as fellow members of a group has no significance on perceiving them to be mentally ill, four factors which may have affected the results of this study should be considered.

- 1) The total number of respondents who labelled the behavioral descriptions as mentally ill was small. The results from such a small group may not be an accurate measure of the effects of these experimental conditions on the perception of mental illness.

- 2) Certain demographic characteristics common to all of the respondents may have influenced the ability or willingness to perceive mental illness from the behavioral descriptions more so than the experimental conditions of this study.

- 3) Respondents within each group may possess certain demographic characteristics which significantly affect the ability or willingness to perceive mental illness from a behavioral description.

- 4) The design of the study may have been inadequate for the investigation of the effects of these experimental conditions on the perception of mental illness.

Effect of Demographic Characteristics Common to all Respondents on the Perception of Mental Illness

In examining the responses from the total sample, it can be seen that not all six behavioral descriptions were identified as mental illness to the same degree. For only two of the six vignettes (Jim and Frank), did over fifty per cent of the respondents perceive mental illness from the behavioral description. For three of the six vignettes (Janet, Jack and Sally), less than ten per cent of the respondents perceived mental illness.¹

These results indicate that the great majority of the college students in this sample did not report that the persons in these behavioral descriptions were mentally ill.² This could have been due to the vignettes themselves; they could have been difficult to recognize as containing symptoms of mental illness.³ In order to determine whether

¹These results suggest that the description itself is a major factor in its identification as mental illness. This is not the subject of this research, however. This study cannot determine the reasons why each behavioral description was interpreted differently, nor can it explain any patterns of response to all of the descriptions. This study is concerned with the differences in interpretation of behavior from the same behavioral description. This could, however, be the subject of some future research.

²This is contrary to what previous studies have found. The Cummings in Closed Ranks, and Nunnally in Popular Conceptions of Mental Health, found that both age and level of education were relevant variables in determining ability to identify mental illness. Bentz, Edgerton and Kherlopian in "Perceptions of Mental Illness among People in a Rural Area"; Dohrenwend, Bernard and Kolb in "The Orientations of Leaders in an Urban Area toward Problems of Mental Illness"; Lemkau and Crocetti in "An Urban Population's Opinion and Knowledge about Mental Illness"; and Phillips in "Rejection of the Mentally Ill: The Influence of Behavior and Sex" found that education was the relevant variable involved. These studies found that the young and/or better educated were more likely to identify mental illness from behavioral descriptions.

³The previous studies cited used Star's case abstracts for the behavioral descriptions. It is quite possible that the young people with the higher educational levels in these studies recognized the abstracts as "ideal" descriptions of various psychotic and neurotic states.

this was the case, the percentage of respondents in this study who perceived mental illness from each of the six vignettes was compared to the percentage of respondents in Elinson's study who perceived mental illness from six similar vignettes. See Figure 1 below.

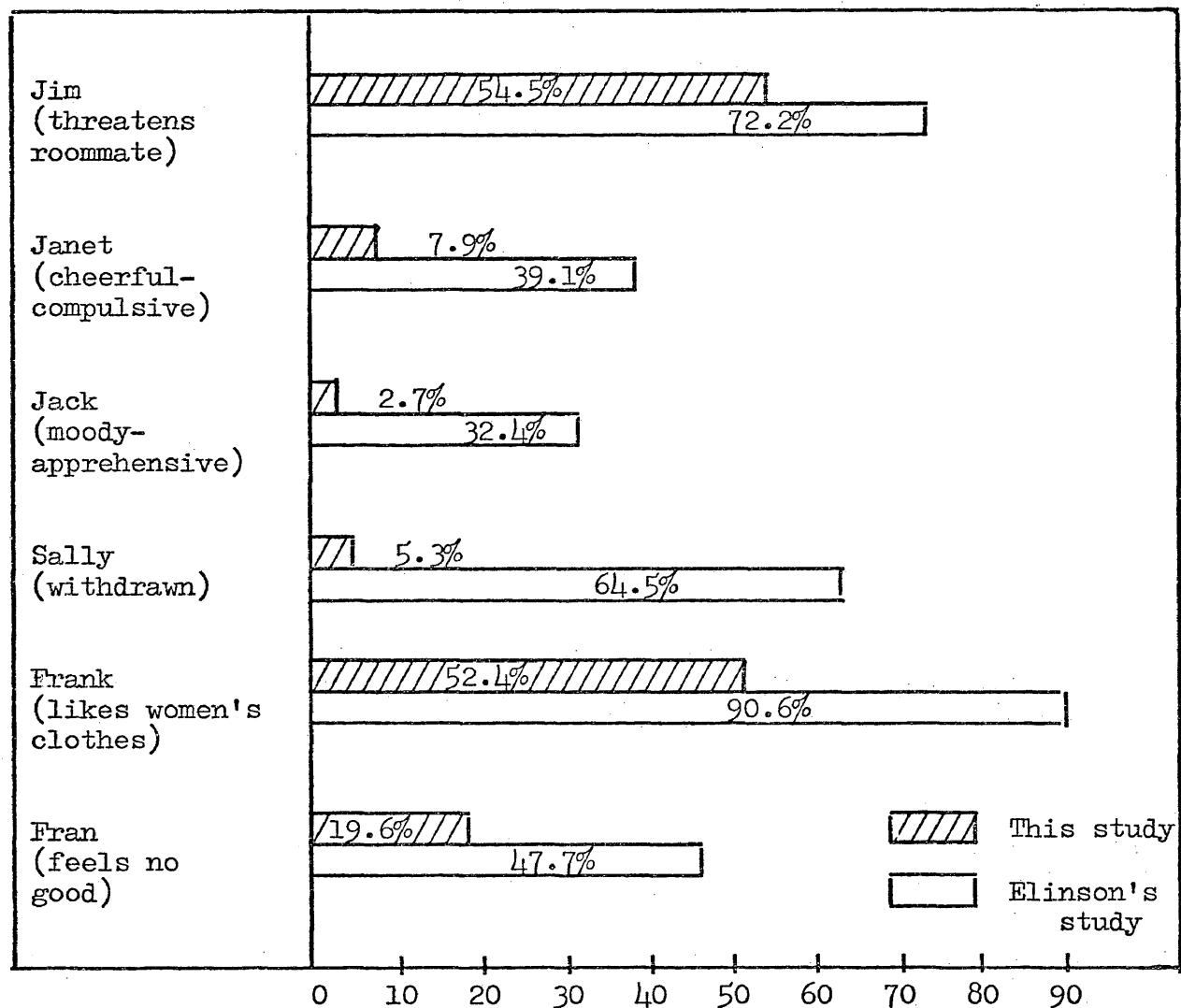


Fig. 1--Percentage of respondents in total sample of this study who labelled the persons described in the six vignettes as "mentally ill" compared to the percentage of respondents in Elinson's study who perceived mental illness from six similar vignettes.

The vignettes used in this study are adaptations of those used by Elinson. The results for Elinson's group shown in Figure 1 indicate that a large percentage of his sample population perceived

these vignettes to be mentally ill. Unless the adaptations of the vignettes for this study altered the descriptions making the symptoms indicating mental illness less obvious, the low percentage of responses perceiving illness in this study was not due to the descriptions themselves. The rewording of the vignettes was minimal, and should not have interfered with the interpretation of the behavior described in them.⁴

The demographic characteristics of the sample in this study, however, differed greatly from those in Elinson's study. Elinson conducted his study on a random sample population in New York City. This study used a sample consisting totally of college students. This sample was chosen so that at least two demographic characteristics would be shared by all of the respondents--being relatively young in age and having a fairly high level of education. These characteristics were chosen specifically because of past studies which indicated that they influenced the ability to recognize mental illness from behavioral descriptions.

Figure 1, which compared Elinson's results based on a random sample population with the results of this study based on a specially selected sample population, shows substantial differences in the results of the two studies. This tends to support the assumption that certain demographic characteristics common to all of the respondents

⁴For example, "Jim" in Elinson's study was: "A man who is known as a good husband begins to curse his wife one night. He hits her and threatens to kill her. He says she is working against him just like everyone else." In this study, he was described as follows: "Jim, who's always been a really nice guy, started cursing out his roommate last week. He's been hitting him and threatening to kill him. He says that he is working against him, just like everyone else."

in a sample population can influence their perception of mental illness from a behavioral description.⁵ Whether these same characteristics exerted more of an influence on the perception of mental illness than did the experimental conditions of this study could not be determined.

The Effects of Demographic Characteristics on the Perception of Mental Illness

It was suggested in the previous section that respondents may possess certain demographic characteristics which significantly affect the ability or willingness to perceive mental illness from a behavioral description. The differences between groups in the percentage distribution of respondents with these demographic characteristics could influence the results of this study in two ways. First, significant differences between groups in the percentage distribution of respondents with these demographic characteristics could contribute to significant differences between groups in the percentage of responses which perceive mental illness--regardless of the experimental conditions. Second, nonsignificant differences between groups in the percentage distribution of respondents with these influential characteristics could contribute to the lack of significant differences between groups in the percentage of responses which perceive mental illness--regardless of the experimental conditions.

⁵This study was not designed, however, to examine the reasons for the differences between these two studies; and the above explanations are only speculations. It must be noted, also, that the two studies were designed for different purposes and the methods used varied greatly between the two. In addition, two-thirds of the sample population in this study were exposed to the experimental condition which identified the persons described as fellow members of a group.

Influence of Demographic Characteristics on the Perception of Mental Illness. The demographic characteristics--age, sex, religious affiliation, father's occupation, year in college and preferred major in college--were examined to determine their influence on the ability to perceive mental illness from each of the six behavioral descriptions in this study.

Differences in sex, religious affiliation, and year in college had no significant effects on the percentage of responses which indicated that the persons in the six vignettes were mentally ill. Differences in age, father's occupation, and preferred major, however, did significantly affect responses indicating mental illness in three of the six vignettes.

Fewer nineteen year old respondents and more twenty year old respondents than were expected responded that Frank (who wears women's clothes) was mentally ill. This pattern was not consistent, however, for the other vignettes. All of the respondents, except for those twenty-one years and older, replied that Jim (who curses out his roommate) was mentally ill more so than was expected. Only the nineteen year old respondents replied, more than was expected, that Jack's behavioral description was indicative of mental illness.⁶

Respondents whose fathers were professionals were more likely to say that Jim was mentally ill.⁷ This characteristic did not have significant effects on any of the other vignettes in this study, but

⁶The results for Frank were significant at .01 level; for Jim, close to significance (.0519); and for Jack, not significant, but reported to show the contradictory results obtained.

⁷Father's occupation and perception of Jim as mentally ill--significant at .05 level.

those respondents whose fathers were either professionals or in business and management continued to respond, more than was expected, that the behavioral descriptions were indicative of mental illness.

Those respondents majoring in social science and education labelled Jim as mentally ill more than was expected; and respondents majoring in the humanities labelled Jim as mentally ill considerably less than was expected.⁸ Moreover, for five of the six vignettes, social science majors identified the behavioral descriptions as mentally ill more so than was expected. There is further discussion of demographic characteristics in the concluding part of this chapter after all the results are presented.

Demographic Analysis of the Three Groups. Demographic analysis was conducted to determine the comparability of the three groups in this study on the characteristics of age, sex, religious affiliation, father's occupation, year in college, and preferred major in college. Of the six characteristics, the percentage distribution of three differed significantly between groups; these are age, father's occupation, and year in college.

Group I had a large percentage of twenty year old respondents, and Group II had a large percentage of nineteen year olds.⁹ Group I had a large percentage of respondents who were sophomores, and almost three-quarters of the respondents in Group II were freshmen.¹⁰ Although

⁸Major in college and perception of Jim as mentally ill--significant at .05 level.

⁹Differences between groups in percentage distribution of ages--significant at .01 level.

¹⁰Differences between groups in percentage distribution of years in college--significant at .001 level.

the percentage distribution of respondents with fathers in various occupations differed significantly between groups, there was no particular areas of concentrations to report.¹¹

The Effects of Demographic Characteristics on the Experimental Conditions of this Study. Of the six demographic characteristics examined in this study, two were significant in affecting the percentage of respondents labelling a description as mentally ill, and in having a percentage distribution which differed among the three groups. They are age and father's occupation.

Preferred major in college was significant in affecting the percentage of respondents who labelled a description as mentally ill, but had no significant differences in its percentage distribution among the three groups. Year in college had a percentage distribution which differed significantly between groups, but did not have a significant effect on the percentage of respondents who perceived mental illness for any of the vignettes. Religious affiliation and sex were not significant in either their percentage distribution among groups, or in affecting the percentage of respondents indicating mental illness for any of the vignettes. See Table 5 page 49.

¹¹See Table 3 for percentage distribution of respondents' demographic characteristics for the three groups.

TABLE 5

DEMOGRAPHIC CHARACTERISTICS AFFECTING SIGNIFICANTLY THE
 PERCENTAGE OF RESPONDENTS PERCEIVING MENTAL ILLNESS
 FROM ONE OF SIX VIGNETTES: AND DEMOGRAPHIC
 CHARACTERISTICS HAVING SIGNIFICANT
 DIFFERENCES IN THEIR PERCENTAGE
 DISTRIBUTION AMONG THE THREE
 GROUPS IN THIS STUDY

Percentage Distribution Among Groups	Percentage of Respondents Perceiving Mental Illness	
	Significant	Not Significant
Significant	Age Father's Occupation	Year in College
Not Significant	Preferred Major	Religious Affiliation Sex

Two examples will be given now to illustrate how a demographic characteristic which was found to influence significantly the perception of mental illness in one of the vignettes, can affect the results of this study according to whether or not its percentage distributions were significantly different among the groups.

Those respondents whose preferred major was in the field of social science or education perceived Jim (who curses his roommate) to be mentally ill significantly more so than expected. Those respondents who preferred the humanities, perceived Jim to be mentally ill significantly less than was expected. Each of the three groups which were asked whether the behavioral description of Jim was indicative of mental illness, had similar proportions of respondents who were social science, education, or humanities majors. The respondents

in these three groups could have been influenced more by the significant factor--their preferred major, which did not differ significantly among the three groups; than by the experimental condition--the definition of Jim as a fellow member of a special interest friendship group, which distinguished between the control group and the two experimental groups. There were no significant differences in the percentage of respondents who perceived Jim to be mentally ill among the groups.

For the only vignette which had a significant difference in the percentage of respondents perceiving someone to be mentally ill between two groups in this study--Frank--the age of the respondents could have been the influencing factor, rather than the experimental condition which distinguished among the groups.

Although differences in respondents' ages did not have consistent effects on the perception of mental illness for all of the vignettes, age did have a significant influence on the perception of mental illness from the behavioral description of Frank (who likes to wear women's clothes).¹²

The nineteen year old respondents perceived mental illness from Frank's description less than was expected, and the twenty year old respondents more so.

There were also significant differences in the proportions of nineteen and twenty year old respondents in each of the three groups of this study. Group I had less nineteen year old respondents than was expected, and more twenty year old respondents; Group II had more nineteen year old respondents than was expected, and less twenty year

¹²Age and the perception of mental illness for Frank--significant at .01 level.

olds; and Group III's proportions were closer to Group I's than to Group II's. With this additional information at hand, look at Table 6 below.

TABLE 6

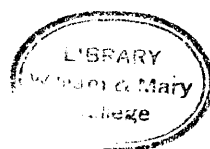
PERCENTAGE OF RESPONDENTS WHO DID AND DID NOT PERCEIVE
FRANK TO BE MENTALLY ILL AMONG THE THREE
GROUPS OF THIS STUDY

	Group I N=67	Group II N=61	Group III N=61
Frank: Mentally Ill	59.7	39.4	57.3
Frank: Not Mentally Ill	40.3	60.6	42.7

Group I had more twenty year old respondents than was expected, and twenty year old respondents perceived Frank to be mentally ill more so than was expected. The percentage of respondents in Group I who indicated that Frank was mentally ill was significantly higher than those respondents who indicated that Frank was not mentally ill.

Group II had more nineteen year old respondents than was expected, and nineteen year old respondents perceived Frank to be mentally ill less than was expected. The percentage of respondents in Group II who indicated that Frank was mentally ill was significantly lower than those respondents who indicated that Frank was not mentally ill.

Group III's proportions were similar to Group I's, and the percentage of respondents who indicated that Frank was mentally ill, was also similar to Group I's.



Explaining the significant differences between groups on the basis of the age of the respondents in each group, is more plausible than attempting to explain them on the basis of the experimental conditions. Group I and III had a higher percentage of twenty year old respondents than did Group II. Group II had a large percentage of nineteen year old respondents. Since the twenty year old respondents perceived mental illness more so than the nineteen year old respondents, it was only logical that Groups I and III had a higher percentage of responses which indicated that Frank was mentally ill.

The conclusion reached, therefore, is that the demographic characteristics of the respondents seemed to exert more influence over the perception of mental illness from the six behavioral descriptions than did the experimental conditions set up in this study. There could be two reasons for this:

1) Demographic characteristics of the study population are the most important factors influencing perception of mental illness; and/
or

2) The design of this study was inadequate to measure the effectiveness of the experimental conditions--mainly the definition of the behavioral descriptions as fellow members of a special interest friendship group.

Indication that Something is Wrong

In order to accept Hypothesis I--that persons asked to perceive mental illness from a behavioral description of a person defined as a fellow member of a special interest friendship group--interpret the behavior as normal more so than persons asked to perceive mental illness from a behavioral description without the identification of

group member--the percentage of respondents who indicated that something was wrong with the persons described must also have decreased significantly between the groups receiving the identification of group membership and the one not receiving it. Examination of the responses to the question, "Do you think that anything is wrong with. . .?" follows now.

Effects of Experimental Conditions on Indication that Something was Wrong with the Person Described in each of the Six Vignettes.

The respondents in Group I, the control group receiving no definition of group membership, were asked to perceive whether the person's behavior described in each of the six vignettes indicated that something was wrong with him. Groups II and III, the experimental groups receiving a definition of group membership, were asked to perceive the same thing. The differences between Group I and Groups II and III, in their perception that the behavioral descriptions indicated that something was wrong, should be significant. See Table 7 below for the percentage of respondents in the three groups who indicated that there was something wrong with each of the persons described in the six vignettes.

TABLE 7

PERCENTAGE OF RESPONDENTS IN THE THREE GROUPS OF THIS STUDY
WHO INDICATED THAT THERE WAS SOMETHING WRONG OR
NOTHING WRONG WITH EACH OF THE PERSONS
DESCRIBED IN THE SIX VIGNETTES

Behavioral Description	Group I N=67		Group II N=61		Group III N=61		Total Sample N=189	
	Wrong	Not Wrong	Wrong	Not Wrong	Wrong	Not Wrong	Wrong	Not Wrong
Jim*	97.0	3.0	83.7	16.3	91.9	8.1	91.0	9.0
Frank	92.5	7.5	88.5	11.5	86.8	13.2	89.4	10.6
Fran+	89.5	10.5	73.8	26.2	80.4	19.6	81.5	18.5
Sally	61.2	38.8	28.8	37.2	62.1	37.9	58.7	41.3
Jack*	67.1	32.9	41.0	59.0	46.0	54.0	51.9	48.1
Janet	41.8	58.2	42.7	57.3	36.0	64.0	40.2	59.8

* Significant differences between groups--Jim at .05 level; Jack at .01 level.

+ Close to significance--.06.

For two vignettes, Jim (who curses his roommate) and Jack (who is successful and moody), there were significant differences between the percentage of respondents in Group I and in Groups II and III who indicated that something was wrong with them. The percentage of respondents in Group III, however, who indicated that something was wrong with both of these vignettes, was higher than that of Group II--the other experimental group. In another case, Fran (who feels unworthy), the pattern was the same, and the differences between groups were close to significant.

For four of the six vignettes--Jim, Jack, Frank and Fran--there was a decrease in the percentage of respondents indicating that

that something was wrong between Group I and Groups II and III. In two cases--Janet (who is compulsive) and Sally (who is withdrawn)--however, there was an increase in the percentage of respondents indicating that something was wrong for Group II or III over Group I.

Again, Group III acted inconsistently. For five of the six vignettes, the percentage of respondents indicating that something was wrong in Group III was lower than that of Group I. For four of the six descriptions, however, the percentage of respondents indicating that something was wrong in Group III, was higher than the percentage of respondents in Group II.

When the respondents in the control group of this study were asked whether there was anything wrong with the persons described in the six vignettes presented to them, ninety-seven per cent answered in the affirmative for Jim; approximately ninety per cent answered in the affirmative for Frank and Fran; over sixty per cent for Sally and Jack, and forty per cent for Janet. When these same descriptions were identified as fellow members of a group, and presented to the two experimental groups in this study, the following occurred:

- 1) There was a significant decrease in the percentage of respondents indicating that there was something wrong with the persons described in two of the six vignettes--Jim and Jack.

- 2) There was an almost significant decrease in the percentage of respondents indicating that something was wrong with the person described in the third vignette--Fran.

- 3) There was a slight decrease in the percentage of respondents indicating that something was wrong with the person described in a fourth vignette--Frank; and,

4) For two other vignettes--Janet and Sally--there was a decrease in the percentage of respondents indicating that something was wrong with the persons described in one experimental group, but a slight increase occurred in the other experimental group.¹³

On the basis of these results, it is concluded that the experimental condition which defined each of the behavioral descriptions as a fellow member of a group, was not able to significantly decrease the percentage of respondents in the experimental groups who indicated that there was something wrong. For only two of the six vignettes, did the experimental groups perceive the persons described in the vignettes as not having anything wrong with them significantly more so than the control group.

It is possible, however, to state from these results, that there was a definite tendency for those persons receiving behavioral descriptions of persons defined as fellow members of a special interest friendship group to indicate that there was nothing wrong with them more so than persons receiving these descriptions with no identification. The percentage of respondents indicating that something was wrong in the experimental groups were less than that of the control group for four out of the six vignettes. The differences, however, were not sufficient to support the hypothesis.

Before concluding that the identification of persons in behavioral descriptions as fellow members of a group has no significance on the perception that there is something wrong with them, the influence of demographic characteristics on this perception should be examined.

¹³The increase was less than one per cent.

The Effects of Demographic Characteristics on the Indication that Something is Wrong with the Persons Described in the Six Vignettes

Certain demographic characteristics of the respondents were found to have had a major influence on the perception of mental illness from behavioral descriptions. The same characteristics--age, sex, religious affiliation, father's occupation, year and preferred major in college--were examined to see whether they had similar major effects on the percentage of respondents indicating that something was wrong with the persons described in the six vignettes of this study.

Of the six characteristics, three of them--sex, year in college, and preferred major in college--had significant effects on the percentage of respondents indicating that something was wrong.¹⁴ Differences in two of these characteristics, sex and year in college, affected the percentage of respondents indicating that something was wrong for four vignettes. Differences in preferred major in college affected the percentage of respondents indicating that something was wrong for three vignettes. All six vignettes in this study were in some way affected by the demographic characteristics of the respondents.

The sex of the respondents had significant effects on their indicating that something was wrong for both Janet and Sally. For Janet (who is compulsive), males indicated that something was wrong significantly more than was expected, and females, less so. For

¹⁴There was no way to determine the effect on this question of using a sample consisting only of young college students. The two demographic characteristics--being relatively young and having a fairly high level of education--were shared by all of the respondents, and there was no way to compare the results from persons possessing these characteristics with those not possessing them.

Sally (who is withdrawn), the reverse was true. Females indicated that something was wrong significantly more than was expected, and males less so.¹⁵ For Jack and Frank, even though the differences were not significant, females indicated that something was wrong more so than was expected, and males less so.

Respondents' year in college had significant effects on the percentage of their responses indicating that something was wrong for Jim (who curses out his roommate) and Fran (who is depressed). For both of these vignettes, freshmen and seniors indicated that something was wrong less than was expected, and sophomores and juniors indicated that something was wrong more than was expected.¹⁶

Preferred major in college again was a significant factor influencing responses to a question on mental illness. The preferred major in college of the respondent had significant effects on his responses indicating that something was wrong for Jack, Frank and Fran. Again it was the social science majors who indicated that something was wrong more so than was expected, and it was the majors in the humanities who indicated that something was wrong less than was expected.¹⁷ Moreover, for two more vignettes--Jim and Janet--social science majors indicated that something was wrong more than was expected.

¹⁵The differences in sex for Janet were significant at .05 level; the differences for Sally at .01 level.

¹⁶Year in college and something wrong with Jim, significant at .0128 level; Fran, significant at .05 level.

¹⁷Preferred major and something wrong with Jack, significant at .01 level; Frank, significant at .05 level; and Fran, significant at .05 level.

Demographic Analysis of the Three Groups. The results from the demographic analysis conducted were presented in the previous section on the perception of mental illness. To repeat briefly, the percentage distribution of three demographic characteristics differed significantly between groups; these are age, father's occupation, and year in college.

Group I had a large percentage of twenty year old respondents, and Group II had a large percentage of nineteen year olds. Group I had a large percentage of respondents who were sophomores, and almost three-quarters of the respondents in Group II were freshmen. Although the percentage distribution of respondents with fathers in various occupations differed significantly among the groups, there were no particular areas of concentrations to report.

The Effects of Demographic Characteristics on the Experimental Conditions of this Study. Of the six characteristics examined in this part of the study, one was significant in both affecting the percentage of respondents who indicated that something was wrong with the persons described in the vignettes, and having a percentage distribution which differed among the three groups. This is year in college.

Preferred major in college and sex were significant in affecting the percentage of respondents indicating that something was wrong, but had no significant differences in their percentage distribution among the three groups. Father's occupation and age had a percentage distribution which differed significantly among the groups, but did not have a significant effect on the percentage of respondents who indicated that something was wrong. Religious affiliation was not significant in either its percentage distribution among groups, or in affecting

the percentage of respondents indicating that something was wrong for any of the vignettes. See Table 8 below.

TABLE 8

DEMOGRAPHIC CHARACTERISTICS AFFECTING SIGNIFICANTLY THE
PERCENTAGE OF RESPONDENTS INDICATING THAT SOMETHING
WAS WRONG: AND DEMOGRAPHIC CHARACTERISTICS
HAVING SIGNIFICANT DIFFERENCES IN THEIR
PERCENTAGE DISTRIBUTION AMONG THE
THREE GROUPS

Percentage Distribution Among Groups	Percentage of Respondents Indicating that Something was Wrong	
	Significant	Not Significant
Significant	Year in College	Father's Occupation Age
Not Significant	Preferred Major Sex	Religious Affiliation

Again, it is possible that a demographic characteristic could have been the influencing factor in the significant differences in percentage of respondents indicating that something was wrong with the vignettes among the three groups of this study.

Of the three demographic characteristics which affected the percentage of respondents indicating that something was wrong with one of the vignettes, only one had a percentage distribution which varied significantly among the groups--year in college.

Group I had a large percentage of sophomores; Group II had seventy-five per cent freshmen; and Group III's proportions were similar to Group I's.

Those respondents who were freshmen and seniors indicated that both Jim (who curses his roommate) and Fran (who feels unworthy) had something wrong with them less than was expected. The respondents who were sophomores and juniors indicated that Jim and Fran had something wrong with them more than was expected. With this additional information at hand, look at Table 9.

TABLE 9

PERCENTAGE OF RESPONDENTS AMONG THE THREE GROUPS OF THIS STUDY WHO INDICATED THAT SOMETHING OR NOTHING WAS WRONG WITH JIM AND WITH FRAN

Behavioral Description	Group I N=67		Group II N=61		Group III N=61	
	Wrong	Not Wrong	Wrong	Not Wrong	Wrong	Not Wrong
Jim	97.0	3.0	83.7	16.3	91.9	8.1
Fran	89.5	10.5	73.8	26.2	80.4	19.6

Group I had more sophomores than was expected, and sophomores indicated that Jim and Fran had something wrong with them more so than was expected. The percentage of respondents in Group I who indicated that something was wrong with Jim and Fran was significantly higher than those respondents indicating that nothing was wrong.

Group II had significantly more freshmen than was expected, and freshmen indicated that Jim and Fran had something wrong with them less than was expected. The percentage of respondents in Group II indicating that something was wrong with Jim and Fran decreased and the percentage of those respondents indicating that nothing was wrong increased.

Group III's proportions were similar to those of Group I's, and the percentage of respondents indicating that something was wrong with Jim and Fran were similar to Group I's.

As was reported earlier in this section, the percentage of respondents who indicated that something was wrong with Jim differed significantly among the groups of this study. The pattern of these responses seem to be more the result of the percentage distribution of respondents' year in college than the result of the experimental conditions of this study. The percentage of respondents indicating that something was wrong with Jim in Group III was more similar to that of Group I--the control group with a similar percentage distribution of respondents' year in college; than to that of Group II--the other experimental group with a significantly different percentage distribution of respondents' year in college.

The differences among the three groups of this study in the percentage of respondents who indicated that something was wrong with Fran, however, were not quite significant. The demographic characteristic--preferred major in college--could have been influential in reducing these differences to a level below significance.

Preferred major was found to significantly affect the percentage of responses indicating that something was wrong with Fran. Social science majors indicated that something was wrong with Fran more so than was expected; humanities majors less. Each of the three groups had similar proportions of social science majors and humanities majors. The influence of preferred major, whose presence did not differ significantly among the groups, could have inhibited somewhat the effectiveness of the characteristic--year in college. The percentage of respondents

among the three groups who indicated that something was wrong with Fran still corresponded more to the percentage distribution of these demographic characteristics than to the experimental conditions of this study.

The preferred major of the respondents was also found to significantly affect the percentage of respondents indicating that something was wrong with Frank (who likes to wear women's clothes). There were no significant differences among the three groups in the percentage of responses which indicated that something was wrong with Frank, and it could be suggested that the preferred major of the respondents was an influential factor.

However, the preferred major of the respondents was also found to have had a significant effect on the percentage of respondents indicating that something was wrong with Jack (who is successful and moody). The percentage of respondents who indicated that something was wrong with Jack did differ significantly among the three groups. These significant differences cannot be attributed to any demographic characteristic--since the only characteristic having a significant effect on these responses was preferred major, and that would have worked in the opposite direction.

The conclusion reached, therefore, is similar to the one reached for that of perception of mental illness. The demographic characteristics of the study population seemed to exert more influence over the indication that something was wrong with the persons described in the six vignettes than did the experimental conditions set up in this study. It must be noted, however, that the results for one vignette--Jack--varied from this pattern, and were not influenced by a significant demographic characteristic.

Conclusion

On the basis of the results presented in this chapter, Hypothesis I must be rejected. The results indicated that the respondents in the two experimental groups receiving a definition of group membership for each of the six vignettes did not significantly: 1) perceive the behavior described in the vignettes as indicative of mental illness less than the control group--which received no identification; and, 2) perceive the persons in the vignettes as having nothing wrong with them more so than the control group.

It can be stated, therefore, that:

A person asked to perceive mental illness from a behavioral description of a person defined as a fellow member of a special interest group, will interpret the behavior as normal no more so than a person asked to perceive mental illness from the same behavioral description without the definition of group membership provided certain demographic characteristics are held constant.

There are, however, some factors which may have interfered with the effectiveness of the experimental conditions, and influenced these results. Before presenting these, the results from perceiving the descriptions as being indicative of mental illness will be compared with the results from perceiving the descriptions as being indicative of something wrong.

Comparison between the Descriptions being Indicative of Mental Illness and Indicative of Something Wrong

When the respondents were asked whether the six vignettes in this study were indicative of mental illness, only one behavioral description--Frank--had significant differences among the three groups in the perception of him as mentally ill. Even this one significant difference, however, was better explained in terms of a specific

demographic characteristic rather than in terms of the experimental conditions which distinguished among the groups.

When the respondents were asked whether the six vignettes in this study were indicative of something being wrong, their responses to two behavioral descriptions--Jim and Jack--differed significantly among the three groups.. The responses to one more description, Fran, had close to significant differences. Although the differences in responses among the groups for two of these descriptions could have been explained in terms of specific demographic characteristics, the third description had significant differences among the groups which were unexplainable in these terms.

Moreover, the percentage of respondents who indicated that something was wrong with the persons described in four of the six vignettes was less in the experimental groups than in the control group. The percentage of respondents who perceived mental illness was less in the experimental groups than in the control group for only three of the six vignettes. These results suggest that the ability or willingness to indicate that something was wrong with the persons described in the six vignettes of this study was influenced slightly more so by defining these persons as fellow members of a group, than the ability or willingness to perceive them as mentally ill.

When examining the data from the total sample population, without regard for the experimental groups, there was a substantial difference between the percentage of respondents who perceived mental illness from the six vignettes in this study and the percentage of respondents who indicated that something was wrong. (See Figure 2 on page 66;.)

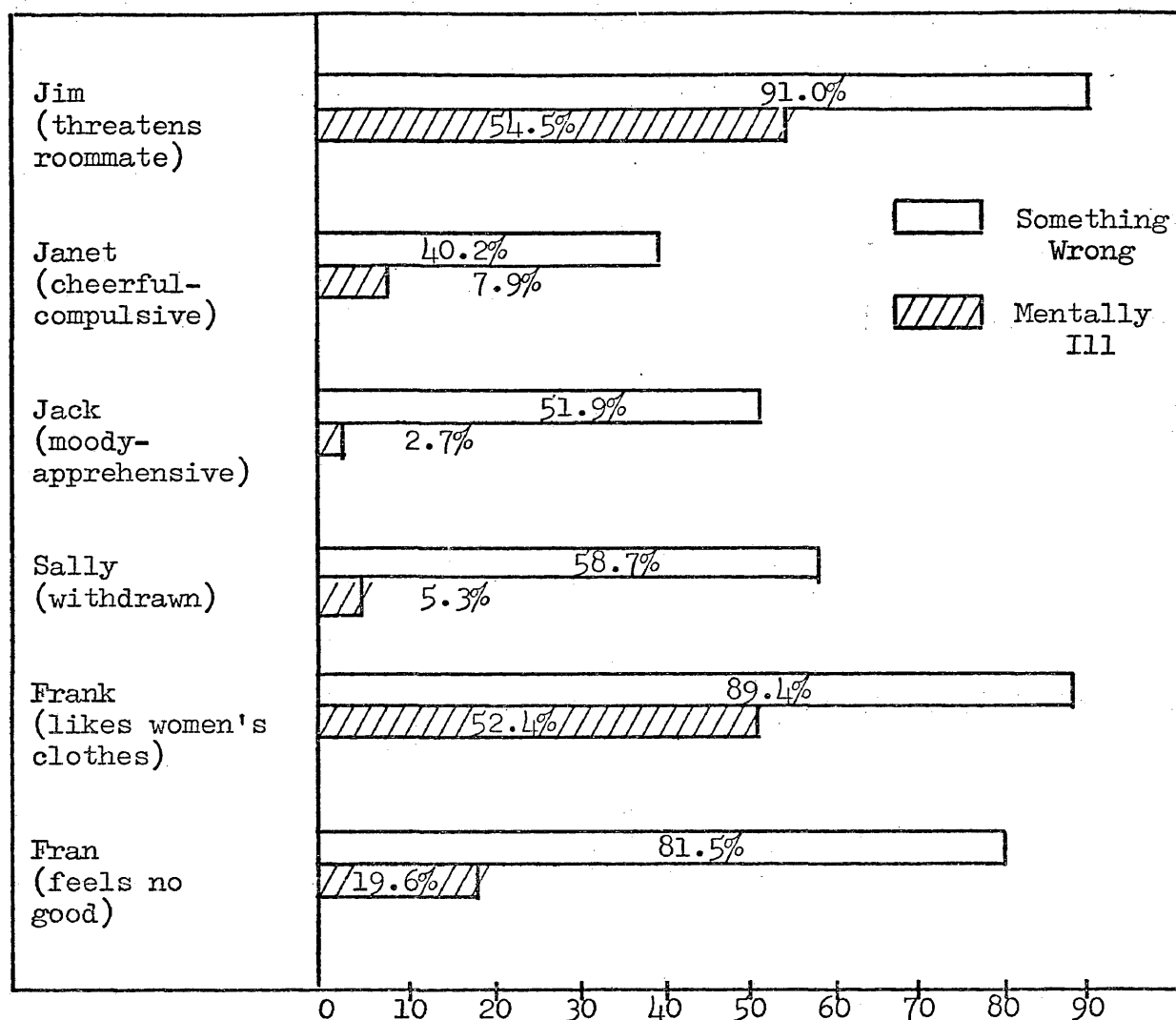


Fig. 2--Percentage of respondents in total sample who indicated that something was wrong with the persons described in the six vignettes, and percentage of respondents in total sample who labelled them as mentally ill.

These results indicate that a majority of the respondents in this study reported that they were aware that something was wrong with the persons described in the six vignettes, but appeared to be either unwilling or unable to identify them as mentally ill. In all but one case, a majority of the respondents replied that something was wrong with the persons described in the vignettes. For three of the vignettes, over eighty per cent of the respondents replied that something

was wrong. In only one case, did less than a majority reply that something was wrong--and that vignette still elicited a 40.2 per cent affirmative response. However, for only two of the six vignettes, did over fifty per cent of the respondents perceive mental illness; while for three vignettes, less than ten per cent of the respondents perceived mental illness.

Factors Affecting the Experimental Conditions of this Study

Effect of Demographic Characteristics which are Common to all Respondents. When the percentage of respondents who perceived mental illness for the six vignettes in Elinson's study are compared with the percentage of respondents in this study who indicate only that something is wrong with the persons described in the six vignettes, the substantial differences between the two studies decrease. See Figure 3 on page 68.

These results confirm the earlier statement that the majority of respondents in this study reported that they were aware that something was wrong with the persons described in the six vignettes, but appeared to be either unwilling or unable to label them as mentally ill.

Since the sample population consisted of college students, it is possible that the two demographic characteristics which were shared by all of the respondents--youth and a high level of education--were major factors in these results. The young educated people in the present study may have a more specific definition of mental illness. Many deviant forms of behavior, which at one time would have been considered "sick", could now be considered by them as well outside the limits of illness.

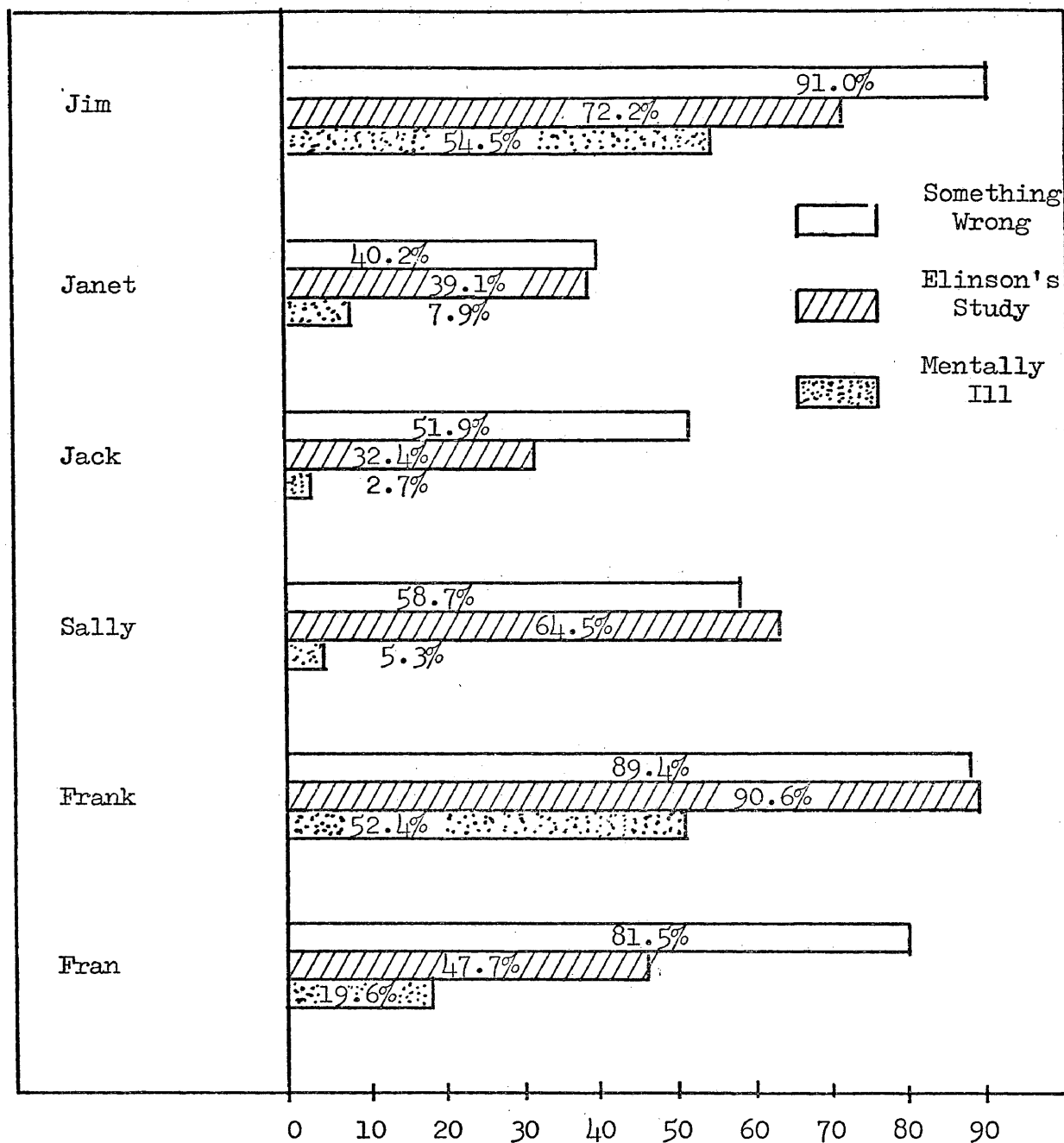


Fig. 3--Percentage of respondents in total sample of this study who indicated that something was wrong with the persons described in the six vignettes; percentage of respondents who labelled these persons as mentally ill; and percentage of respondents in Elinson's study who perceived mental illness from the six similar vignettes in his study.

There also seems to be an undercurrent of reaction among the young educated people today against a "mass society" which loses sight of the individuality of every man. It is possible that the young people in this sample refrained from labelling the persons described in the vignettes as mentally ill in order to avoid grouping them together into a generalized category of persons called "mentally ill."

Effect of Specific Demographic Characteristics. Of the six demographic characteristics examined, three had significant effects on the perception of mental illness from the behavioral descriptions, and three had significant effects on the perception that the vignettes were indicative of something wrong.

Age, father's occupation and preferred major in college significantly affected the perception of mental illness from the behavioral descriptions; age affecting the perception of mental illness from the description of Frank, father's occupation and preferred major in college from the description of Jim. The demographic characteristics of sex, religious affiliation, and year in college appeared to have no significant effects on the perception of mental illness from the behavioral descriptions.

All six behavioral descriptions were influenced by the three demographic characteristics which were found to significantly affect the indication that something was wrong.

The sex of the respondents was found to significantly affect their responses indicating that something was wrong with Janet and Sally. However, for each of these vignettes, the opposite sex was more likely to indicate that something was wrong.

The respondents' year in college had significant effects on the percentage of responses indicating that something was wrong for Jim and Fran, and the preferred major in college of the respondents had significant effects on the responses indicating that something was wrong for Jack, Frank and Fran.

Age, religious affiliation and father's occupation were found to have no significant effects on the percentage of respondents indicating that something was wrong.

Of all the demographic characteristics examined, the preferred major of the respondent was found to be the most consistently influential factor in determining whether the behavioral descriptions were perceived as being mentally ill or as having something wrong with them. Social science majors were the most likely to indicate that the behavioral descriptions were indicative of mental illness or something wrong, and majors in the humanities were the least likely.

There are many possible explanations for these findings. Some of these are: The type of person attracted to the social sciences may differ significantly from that attracted to the humanities. The training in identifying and classifying social problems received by social science majors may influence significantly their ability to perceive mental illness from these behavioral descriptions. The encouragement of individuality and uninhibited expression to foster creativity may cause the humanities majors to accept more deviant forms of behavior as normal more so than would be expected.

It was suggested earlier that the ability or willingness to indicate that something was wrong with the persons described in the six vignettes was influenced slightly more so by defining these persons

as fellow members of a group, than the ability or willingness to perceive them as mentally ill. It is quite possible that this slight influence is more the result of the expanded influence of the demographic characteristics than the definition of group membership.

Effect of Knowledge of Someone Mentally Ill, and of the Scores on the Self-Other Acceptance Scale. Although several studies have indicated that personal knowledge of someone mentally ill can affect the perception of mental illness from behavioral descriptions, this was not found to be the case for most of the vignettes in this study.¹⁸

For only one vignette, Fran (who feels unworthy), did personal knowledge of someone sick have a significant effect on the perception of mental illness. Personal knowledge of someone mentally ill affected the responses indicating that something was wrong for a different vignette--Sally (who is withdrawn). This knowledge, however, influenced these responses in the opposite directions. Respondents who knew someone personally whom they would consider mentally ill, perceived that Fran was mentally ill more so than was expected; respondents who knew someone mentally ill, perceived that something was wrong with Sally less than expected.¹⁹

¹⁸ Bentz, Edgerton, and Kherlopian, "Perceptions of Mental Illness Among People in a Rural Area"; Elaine and John Cumming, Closed Ranks; Lemkau and Crocetti, "An Urban Population's Opinion and Knowledge About Mental Illness"; Elinson, Padilla and Perkins, Public Image of Mental Health Services; Phillips, "Rejection: A Possible Consequence of Seeking Help for Mental Disorders"; Bentz and Edgerton, "The Consequences of Labelling a Person as Mentally Ill."

¹⁹ Personal knowledge of someone mentally ill and perception of Fran as mentally ill--significant at .01 level; personal knowledge of someone mentally ill and indication that something was wrong with Sally--significant at .05 level.

The scores from the short scale used in this study to measure the respondents' acceptance of self and others were shown to have no relationship to the percentage of respondents perceiving mental illness from the behavioral descriptions, or to the percentage of respondents indicating that something was wrong with the persons described in them.

There is a strong possibility, however, that the short scale used in this study was not an effective measure of self acceptance or acceptance of others.

Berger tested each item in his scale for reliability and validity. In putting together the scale for this study, a form of content validity was attempted. On the basis of subjective evaluation, items were selected which appeared to be representative of the various dimensions of the attitudes being measured, and of the various degrees of these dimensions. This attempt, however, may have failed.

Berger found that self-acceptance and acceptance of others were closely related. When the scores from the self-acceptance and acceptance of others items of the scale used in this study were compared, the difference was significant at the .05 level. Furthermore, the scores from the self-acceptance items and the scores from the acceptance of others items were in no way related to the combined scores--differences significant beyond the .00 level.

If the scale was not an effective measuring instrument, the effects of its scores on the perception of mental illness are meaningless.

CHAPTER V

RESULTS AND INTERPRETATION--HYPOTHESIS II

A person asked to perceive mental illness from a behavioral description of a person described as a close friend among the members of a special interest friendship group--will interpret the behavior as normal more so than a person asked to perceive mental illness from the same behavioral description with the person being defined as a fellow group member or without the definition of group membership at all.

The behavioral descriptions of Jim (who curses his roommate) and Janet (who is a cheerful compulsive) were selected to be the close friends of the respondents in Group III. Ninety-one per cent of the total sample in this study indicated that something was wrong with Jim, and fifty-four per cent perceived him to be mentally ill. Forty per cent of the total sample population indicated that something was wrong with Janet, and only eight per cent perceived her to be mentally ill.

The choice of these two vignettes with such large differences in the percentage of responses 1) perceiving them to be mentally ill, and 2) indicating that something is wrong with them, was made for two reasons. First, it enables this study to examine the effects of identifying as "close friends" descriptions having both a high and low degree of consensus on whether they are indicative of mental illness or something wrong. Secondly, by using the two descriptions, the study

is able to determine whether the differences in degree of consensus have any effect on the results obtained.

In order to accept this hypothesis, the respondents in Group III--the experimental group receiving the definition of close friend for Jim and Janet--must have:

- 1) perceived the behavior in each of these two vignettes as not indicating mental illness significantly more than
 - (a) the respondents in Group II--the other experimental group receiving only the definition of group member, and
 - (b) the respondents in Group I--the control group
- 2) perceived Jim and Janet as not having something wrong with them significantly more than
 - (a) the respondents in Group II--the other experimental group, and
 - (b) the respondents in Group I--the control group.

Perception of Mental Illness

Effects of Experimental Conditions on Perception of Mental Illness.

The percentage of respondents perceiving mental illness from the vignettes among the three groups of this study was reported in the last chapter. The results from Group III, however, were treated the same as those from Group II, because both groups represented the experimental condition which defined all six vignettes as fellow members of a group.

In this chapter, only the responses to Jim and Janet's behavioral descriptions will be examined, as these two vignettes were selected for the additional definition of close friendship.

The respondents in Group I, the control group, were asked to perceive whether the behavior described in each of the two vignettes was indicative of mental illness when the vignettes were presented by themselves with no attempt made to identify them. The respondents in Group II were informed that the behavior described in the vignettes belonged to fellow members of a special interest friendship group. The respondents in Group III were informed that the two vignettes were close friends of theirs. There should be significant decreases, therefore, between the percentage of respondents perceiving mental illness in Group I, the percentage of respondents perceiving mental illness in Group II, and the percentage of respondents perceiving mental illness in Group III. See Table 10 below.

TABLE 10

PERCENTAGE OF RESPONDENTS WHO DID AND DID NOT PERCEIVE
MENTAL ILLNESS FROM THE BEHAVIORAL DESCRIPTIONS OF
JIM AND JANET IN THE THREE GROUPS OF THIS STUDY

Behavioral Description	Group I N=67		Group II N=61		Group III N=61		Total Sample N=189	
	Ill	Not Ill	Ill	Not Ill	Ill	Not Ill	Ill	Not Ill
Jim	59.8	40.2	49.1	50.9	54.0	46.0	54.5	45.5
Janet	13.5	86.5	5.0	95.0	5.0	95.0	7.9	92.1

There were no significant differences in the percentage of respondents among the three groups perceiving Jim or Janet to be mentally ill. The percentage of respondents perceiving them to be mentally ill decreased from Group I--the control group, to Group II--the experimental group receiving a definition of group member. The

percentage of respondents perceiving Jim to be mentally ill in Group III--the group receiving the definition of close friend, however, was higher than that of Group II; and the percentage of respondents in Group III perceiving Janet to be mentally ill was the same as that of Group II.

From the above results, it can only be concluded that the experimental condition which defined Jim and Janet as close friends was not able to significantly decrease the percentage of respondents perceiving them to be mentally ill. The difference in the degree of consensus in the total sample population which perceived Jim and Janet to be mentally ill, also, did not have any effect on the results obtained.

Before concluding, however, that the identification of persons in behavioral descriptions as close friends has no significance on the perception of them as mentally ill, two factors which may have affected the results of this study, should be considered.

1) Demographic characteristics of the respondents may have influenced the ability or willingness to perceive mental illness from the behavioral descriptions more so than the experimental condition, and

2) The design of the study may have been inadequate for the investigation of the effects of this experimental condition on the perception of mental illness.

Effects of Demographic Characteristics on the Perception of Mental Illness

It was suggested that certain demographic characteristics could influence the perception of mental illness from a behavioral

description. The number of respondents with these characteristics within each group could be an influencing factor on the percentage of respondents from that group who perceive mental illness.

In addition, the differences among the groups could influence the results in two ways: 1) Significant differences among the groups in the demographic characteristics could contribute to significant differences among the groups in the percentage of respondents who perceive mental illness--regardless of the experimental condition. 2) Non-significant differences among the groups in these influential characteristics could contribute to the lack of significant differences between groups in the percentage of respondents who perceive mental illness--regardless of the experimental condition.

The demographic characteristics of age, sex, religious affiliation, father's occupation, year in college, and preferred major in college were examined to determine their influence on the ability or willingness to perceive Jim or Janet as mentally ill from their behavioral descriptions.

No demographic characteristics affected the perception of Janet as mentally ill. Two demographic characteristics of the respondents were found to have significant effects on the perception of Jim as mentally ill--father's occupation and preferred major in college.

Respondents whose fathers were professionals replied, more than was expected, that Jim was mentally ill. Those respondents whose preferred major was in the field of social science or education perceived Jim to be mentally ill significantly more than was expected. Those respondents who preferred the humanities, perceived Jim to be

mentally ill significantly less than was expected.¹ Each of the three groups which were asked whether the behavioral description of Jim was indicative of mental illness, had similar proportions of respondents who were social science, education, or humanities majors. The respondents in these three groups could have been influenced more by their preferred major, which did not differ significantly among the three groups, than by the experimental conditions--defining Jim as a fellow member of a special interest friendship group or as a close friend, which distinguished between the groups.

Indication that Something is Wrong

In order to accept Hypothesis II--that persons asked to perceive mental illness from a behavioral description of a person defined as a close friend interpret the behavior as normal more so than persons asked to perceive mental illness from the same behavioral description defined as a fellow group member or with no identification at all--the percentage of respondents who indicated that something was wrong with Jim and Janet must also have increased significantly between the groups receiving the identification of close friend, fellow member, or no identification at all. Examination of the responses to the question, "Do you think that anything is wrong with Jim (Janet)?" follow.

¹Father's occupation and preferred major in college both had significant effects on the perception of Jim as mentally ill at .05 level of significance.

Effects of Experimental Condition on Indication that Something was Wrong with Jim or Janet.

The respondents in Group I, the control group receiving no definition of group membership, were asked to perceive whether Jim or Janet's behavioral description indicated that something was wrong with them. The respondents in Group II were informed that the behavior described in the vignettes belonged to fellow members of a special interest friendship group. The respondents in Group III were informed that the two vignettes were close friends of theirs. There should be significant decreases, therefore, between the percentage of respondents who indicated that something was wrong with Jim or Janet in Group I, Group II, and Group III. See Table 11 below for the percentage of respondents in the three groups who indicated that there was something wrong with Jim and Janet.

TABLE 11

PERCENTAGE OF RESPONDENTS IN THE THREE GROUPS OF THIS STUDY
WHO INDICATED THAT THERE WAS SOMETHING WRONG OR
NOTHING WRONG WITH JIM OR JANET

Behavioral Description	Group I N=67		Group II N=61		Group III N=61		Total Sample N=189	
	Wrong	Not Wrong	Wrong	Not Wrong	Wrong	Not Wrong	Wrong	Not Wrong
Jim*	97.0	3.0	83.7	16.3	91.9	8.1	91.0	9.0
Janet	41.8	58.2	42.7	57.3	36.0	64.0	40.2	59.8

* Significant differences between groups at .05 level.

For Jim, there were significant differences between the percentage of respondents in Group I, Group II, and Group III who indicated

that something was wrong with him. The percentage of respondents who indicated that something was wrong with Jim in Group III, however, was higher than that of Group II.

For Janet, the percentage of respondents in Group III who indicated that something was wrong with her, was lower than those of Group I and II, but the differences were not significant. The percentage of respondents in Group II, however, who indicated that something was wrong with Janet, was higher than those of Groups I and III.

From the above results, it can be concluded that the experimental condition which defined Jim and Janet as close friends, was not able to significantly decrease the percentage of respondents who indicated that something was wrong with them. Before doing this, however, the influence of demographic characteristics on this perception should be examined.

The Effects of Demographic Characteristics on the Indication that Something is Wrong with Jim and Janet.

The same six demographic characteristics of the respondents were examined again to determine whether they had a major effect on the indication that something was wrong with Jim and Janet.

The demographic characteristic of sex had a significant effect on the percentage of respondents indicating that something was wrong with Janet. Males indicated that something was wrong significantly more than was expected, and females, less so. The respondents' year in college had significant effects on the indication that something was wrong with Jim. Freshmen and seniors indicated that something was wrong less than was expected, and sophomores and juniors indicated that something was wrong more than was expected.²

²Sex and something wrong with Janet: significant at .05 level; year in college and something wrong with Jim: significant at .0128 level.

When demographic analysis was conducted to determine the comparability of the three groups in this study on the characteristics of sex and year in college, only the percentage distribution of year in college differed significantly among the groups. Group I had a large percentage of respondents who were sophomores, and almost seventy-five per cent of the respondents in Group II were freshmen. Group III's proportions were similar to those of Group I's.

It is possible, in the case of Jim, that the demographic characteristic of year in college could have been the influencing factor in the significant differences in the percentage of respondents indicating that something was wrong with him among the three groups of this study.

Group I had more sophomores than was expected, and sophomores indicated that Jim had something wrong with him more so than was expected. The percentage of respondents in Group I who indicated that something was wrong with Jim was significantly higher than the percentage of those respondents indicating that nothing was wrong.

Group II had significantly more freshmen than was expected, and freshmen indicated that Jim had something wrong with him less than was expected. The percentage of respondents in Group II indicating that something was wrong with Jim decreased, and the percentage of those respondents indicating that nothing was wrong increased.

Group III's proportions were similar to those of Group I's, and the percentage of respondents indicating that something was wrong with Jim were similar to Group I's.

As was reported earlier in this section, the percentage of respondents who indicated that something was wrong with Jim differed

significantly among the groups of this study. The pattern of these responses seem to be more the result of the percentage distribution of respondents' year in college than the result of the experimental conditions of this study. The percentage of respondents indicating that something was wrong with Jim in Group III--the group receiving the definition of close friend for Jim--was similar to that of Group I--the control group with a similar percentage distribution of respondents' year in college. The percentage of respondents indicating that something was wrong with Jim in Group III was less similar to that of Group II--the experimental group receiving a definition of Jim as a fellow group member, with a significantly different percentage distribution of respondents' year in college.

The sex of the respondent had a significant effect on the indication that something was wrong with Janet, and the percentage distribution of sex did not differ significantly among the three groups of this study. It is possible, therefore, that the non-significant differences in percentage of respondents among the three groups who indicated that something was wrong with Janet, was partially caused by the non-significant differences in the percentage distribution of sex among these groups.

The conclusion reached, therefore, is similar to the one reached in the last chapter for all six of the vignettes; that is that "the demographic characteristics of the sample population seemed to exert more influence over the indication that something was wrong with the persons described in the vignettes, than did the experimental conditions set up in this study."

Conclusion

On the basis of the results presented in this chapter, Hypothesis II must be rejected. The results indicated that the respondents in Group III, who received the definition of close friend for Jim and Janet, did not significantly:

- 1) perceive the behavior in each of these two vignettes as indicative of mental illness less than--
 - (a) the respondents in Group II--the other experimental group receiving only the definition of group member, and
 - (b) the respondents in Group I--the control group, receiving no identification at all
- 2) perceive Jim and Janet as having nothing wrong with them more so than--
 - (a) the respondents in Group II--the other experimental group, and
 - (b) the respondents in Group I--the control group.

It can be stated, therefore, that:

A person asked to perceive mental illness from a behavioral description of a person defined as a close friend among the members of a special interest friendship group--will interpret the behavior as normal no more so than a person asked to perceive mental illness from the same behavioral description with the person being defined as a fellow member of the group or without the definition of group membership at all--provided certain demographic variables are held constant.

There are some factors which may have interfered with the effectiveness of the experimental condition of close friend, however, and influenced these results.

Effect of Specific Demographic Characteristics.

Of the six demographic characteristics examined, two significantly affected the perception of Jim as mentally ill--father's occupation and preferred major; one affected significantly the indication that something was wrong with Jim--year in college; and one affected significantly the indication that something was wrong with Janet--sex. In all of these cases, the differences among the groups in perceiving mental illness or something wrong, seem to be more the result of the demographic characteristics of the respondents than the result of the experimental conditions.

Effectiveness of the Experimental Condition--"Close Friend"

The social acceptability of persons who are considered mentally ill will be examined in the next chapter. Social acceptability, however, is important to consider in this chapter also, since the experimental condition "close friend" is dependent on it.

Built into the experimental condition of defining Jim and Janet as close friends, is the assumption that the respondents in Group III will accept this definition. If this assumption is true, and the respondents do accept the definition of Jim and Janet as close friends, the percentage of respondents willing to accept Jim and Janet as close friends in Group III should be significantly different from the percentage of respondents willing to accept them as close friends in Groups I and II. See Table 12 on page 85.

TABLE 12

PERCENTAGE BREAKDOWN AMONG THE THREE GROUPS OF THIS
STUDY OF RESPONDENTS WILLING TO ACCEPT
JIM AND JANET AS CLOSE FRIENDS

Behavioral Description	Group I N=67	Group II N=61	Group III N=61
Jim*	6.9	20.4	72.7
Janet*	24.7	28.2	47.1

* Significant differences between groups for both Jim and Janet beyond the .00 level.

There were significant differences among the groups in the percentage of respondents willing to accept both Jim and Janet as close friends. Group III did, in fact, have a significantly larger percentage of responses willing to accept Jim and Janet as close friends.

These results suggest, therefore, that the experimental condition of defining Jim and Janet as close friends was effective, and that the conclusions reached concerning the ability to identify mental illness were either valid or influenced by the demographic characteristics of the respondents.

CHAPTER VI

RESULTS AND INTERPRETATION--HYPOTHESIS III

Individuals with the same behavioral description will be increasingly less accepted socially as they are identified as:

- 1) "normal"
- 2) "having something wrong with them"--but not "mental illness," and
- 3) "mentally ill."

Method of Study

In order to determine whether Hypothesis III was true, two procedures were necessary.

1) A scale was designed to categorize the responses to each behavioral description according to the degree of illness perceived by the respondents. All of the respondents in the study were classified according to whether they perceived each vignette to be: (a) mentally ill, (b) indicative of something wrong, but not mentally ill, or (c) normal.

2) Each response was examined to determine whether its classification into one of the above three categories was influential in affecting the degree to which the vignette was socially accepted. It should be noted at this point, however, that no respondents were definitely unwilling to accept as friends any of the behavioral descriptions--except for that of Frank.

The percentage of responses from the total sample population falling within each category for each of the six vignettes are presented in Figure 4.

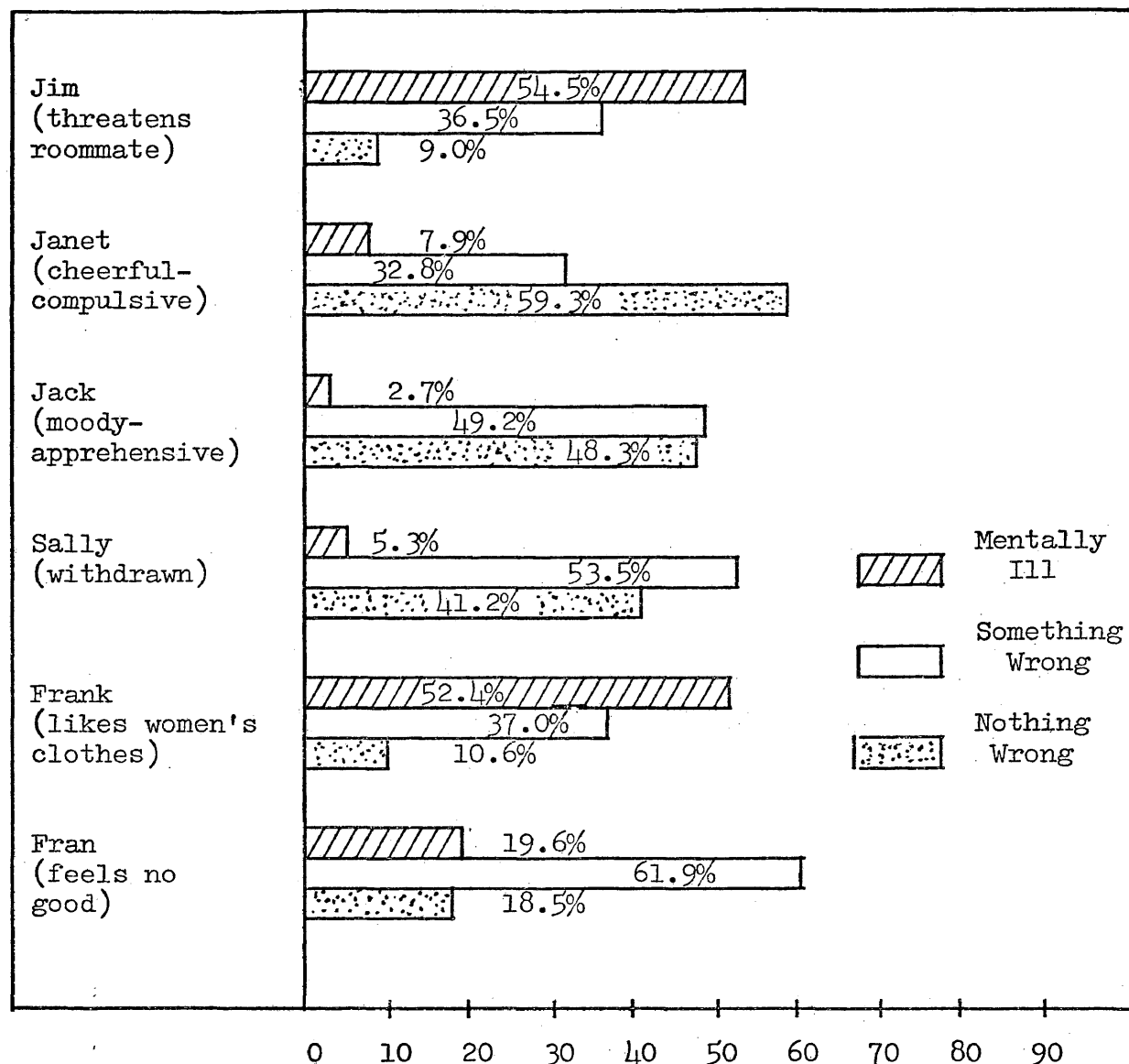


Fig. 4--Percentage of respondents perceiving each of the six vignettes to be either mentally ill, having something wrong, but not mentally ill, or normal.

Each behavioral description was examined to see whether there was a significant relationship between its three perceived degrees of illness and the five levels of social acceptability.

Effect of Perceived Degree of Illness on Degree of Social Acceptability

Figure 4 presents the percentage of respondents who perceived each of the behavioral descriptions to be indicative of mental illness;

having something wrong, but not mental illness; or normal. Table 13, on the left side of the double line, presented these percentages further broken down on the basis of a five-item scale of social acceptability. In other words, the responses to each behavioral description were grouped by percentages according to the three interpretations of the behavior. The percentages within each of these groups were then broken down according to whether the respondents indicated:

- 1) a willingness to accept the vignette as a close friend,
- 2) a willingness to accept the vignette as a friend,
- 3) an indifference to friendship,
- 4) a reluctance to accept the vignette as a friend, and
- 5) a definite unwillingness to accept the vignette as a friend.

To the right of the double line in Table 13, the five levels of social acceptability were condensed into three categories as follows:

1) The percentage of respondents indicating a willingness for close friendship and for friendship were combined into a single category "Positive Attitude toward Friendship."

2) The percentage of respondents indicating an indifference to friendship was left alone; and,

3) The percentage of respondents indicating reluctance or unwillingness for friendship were combined into a single category "Negative Attitude toward Friendship."¹

¹The two negative categories, except for Frank, were combined during statistical analysis because there were no responses in the lowest level of acceptability. The combination of the two negative categories for Frank, and the combination of the two positive categories for all of the vignettes are presented in Table 13 to simplify the interpretation of results. No significance levels can be given for the differences between these groups.

TABLE 13

RELATIONSHIP BETWEEN PERCENTAGE OF RESPONSES INDICATING
DEGREE OF MENTAL ILLNESS AND PERCENTAGE OF RESPONSES
INDICATING DEGREE OF SOCIAL ACCEPTABILITY

Degree of Illness for Each Vignette	Degree of Social Acceptability							
	Close Friend	Friend	Indif- ferent	Reluctant	Unwilling	Positive	Neutral	Negative
<u>Janet</u>								
Mentally Ill	40.0	46.7	13.3	0.0		85.8	14.2	0.0
Something Wrong	59.6	30.6	6.5	3.3		90.2	6.5	3.3
Nothing Wrong	66.1	28.5	4.5	0.9		94.6	4.5	0.9
<u>Sally*</u>								
Mentally Ill	30.0	40.0	10.0	20.0		70.0	10.0	20.0
Something Wrong	43.6	44.6	10.8	1.0		88.2	10.8	1.0
Nothing Wrong	62.9	29.5	7.6	0.0		92.4	7.6	0.0
<u>Jack</u>								
Mentally Ill	80.0	0.0	20.0	0.0		80.0	20.0	0.0
Something Wrong	51.6	38.7	6.5	3.2		90.3	6.5	3.2
Nothing Wrong	58.2	33.0	5.5	3.3		91.2	5.5	3.3

TABLE 13 - CONTINUED

Degree of Illness for Each Vignette	Degree of Social Acceptability							
	Close Friend	Friend	Indif- ferent	Reluctant	Unwilling	Positive	Neutral	Negative
<u>Frank*</u>								
Mentally Ill	5.1	25.2	15.2	37.2	17.2	30.3	15.2	54.5
Something Wrong	7.2	32.9	22.8	32.8	4.3	40.1	22.8	37.1
Nothing Wrong	30.0	60.0	10.0	0.0	0.0	90.0	10.0	0.0
<u>Fran</u>								
Mentally Ill	27.0	46.0	13.5	13.5		73.0	13.5	13.5
Something Wrong	40.2	40.2	12.0	7.6		80.4	12.0	7.6
Nothing Wrong	48.6	34.2	8.6	8.6		82.8	8.6	8.6
<u>Jim*</u>								
Mentally Ill	19.5	34.0	11.7	34.8		53.5	11.7	34.8
Something Wrong	30.5	43.5	10.0	16.0		74.0	10.0	16.0
Nothing Wrong	17.7	58.8	23.5	0.0		76.5	23.5	0.0

* Jim--significant at .01 level; Sally and Frank--significant beyond .00 level.

For three of the six vignettes--Jim, Sally and Frank--the relationship between interpretation of behavior and social acceptability was significant.² With the exception of Frank, however, no respondents were definitely unwilling to accept as a friend any of the behavioral descriptions.

There were significant differences in the social acceptance of Jim based on the respondents' interpretation of his behavior. The most obvious difference was the decrease in the percentage of respondents reluctant to accept him as a friend, as the behavior was interpreted as being mentally ill, something wrong--but not mental illness, or normal. There was an increase also in the percentage of respondents willing to accept Jim as a friend as the behavior was interpreted in the same way. The percentage of respondents willing to accept him as a close friend, however, appears not to be related to whether or not his behavior is interpreted as normal.

When the two columns indicating a positive attitude toward friendship are combined, however, the percentage of respondents willing to accept Jim as a friend increases as the interpretation goes from illness to normal. The percentage of respondents indicating a reluctance for friendship decreases as the interpretation of the behavior goes from mental illness to normal.

The significant differences in the social acceptance of Sally based on the respondents' interpretation of her behavior, followed the suggested direction of the hypothesis for acceptance as a close friend, and for reluctance for friendship. The percentage of respondents

²Jim--significant at .01 level; Sally and Frank--beyond .00 level.

indicating a willingness for friendship with Sally increased as the behavior was interpreted as having something wrong with it but not mental illness; but then decreased when interpreted as normal, below the percentage willing to have a friendship with her when her behavior was interpreted as mental illness.

Again, when the two columns indicating a positive attitude toward friendship were combined, the percentage of respondents willing to accept Sally as a friend increased as the interpretation went from illness to normal. The percentage of respondents indicating a reluctance for friendship decreased, also, when the interpretation of the behavior went from mental illness to normal.

For Frank, the third vignette which had a significant relationship between the interpretation of behavior and social acceptance, some interesting differences in the pattern of responses occurred.

First, the description of Frank's behavior was the only vignette which elicited responses which indicated a definite unwillingness for friendship.

Secondly, there was only a small increase in the percentage of respondents willing to accept Frank as a friend or close friend, when the interpretation went from mental illness to something wrong. Also, there was only a small decrease in the percentage of respondents who indicated a reluctance for friendship when the interpretation went from illness to something wrong.

A large increase occurred in the percentage of respondents who were willing to accept Frank as a friend or close friend, however, when the interpretation went from something wrong to normal. A large decrease occurred, also, in the percentage of respondents indicating

reluctance for friendship when the interpretation of behavior was normal.

Lastly, the percentage of respondents indicating a willingness to accept Frank as a friend was relatively low when the behavior was interpreted as mental illness or something wrong; and the percentage of respondents reluctant to be friends with him under these two conditions was fairly high.

Before examining the various factors which could have had an influence on these results, the remaining three vignettes will be looked at.

For the three other vignettes--Janet, Jack and Fran--no significant relationships between the interpretation of behavior and social acceptance were found. The general pattern of accepting the vignette more as the behavior was interpreted as less indicative of illness was evident, however. Looking at the three-item scale on the right side of the double line in Table 13 for Janet, Jack and Fran, it can be seen that positive attitudes toward friendship increased steadily as the interpretations went from illness to normal. The percentage of respondents indicating a negative attitude toward friendship did not decrease, however, along the same lines. It is interesting to note that for both Janet and Jack, no respondents were reluctant to be friends when the vignette was interpreted as mental illness, but a small percentage of respondents indicated a reluctance to be friends when the behavior was interpreted as something wrong or normal. It is also interesting to note that the largest percentage of respondents willing to accept a vignette as a close friend occurred among the respondents who considered a vignette--Jack--to be mentally ill.

The results reported in this chapter come very close to supporting Hypothesis III.

1) Three of the six vignettes had significant differences in social acceptability when the interpretation of their behavior was mental illness, something wrong--but not mental illness, or normal.

2) When the five-item social acceptance scale was condensed into three items indicating a positive, neutral, or negative attitude towards friendship--(a) all six vignettes had increases in the percentage of respondents indicating a positive attitude toward friendship when the interpretation of the behavior went from mental illness to normal; and (b) three of the six vignettes had decreases in the percentage of respondents indicating a negative attitude toward friendship when the interpretation of the behavior went from mental illness to normal. For two of the three vignettes which did not have decreases in the percentage of respondents indicating a negative attitude, the percentage of respondents indicating a negative attitude in the group interpreting the behavior as mental illness was zero.

Three factors, however, were found to have significant effects on the social acceptance of these six vignettes. They must be considered before a decision is made regarding the acceptance or rejection of Hypothesis III. These factors are:

1) The behavioral descriptions themselves--the type of symptoms described in the vignettes can be a deterrent to social acceptance as much as recognition of them as mental illness.

2) Certain demographic characteristics of the respondents.

3) The experimental conditions of the study--Group III received a definition of close friendship for two of the vignettes; and

Groups II and III had all six vignettes defined as fellow members of a special interest friendship group. Being given the definition of friendship can influence the willingness to accept as friend more so than the perception of mental illness.

In addition, the demographic characteristics common to all of the respondents--youth and a high level of education, could have influenced the general pattern of acceptance--for example, the fact that no respondents were willing to definitely avoid friendship with the persons described in the vignettes.³ This cannot be tested in this study, however, since nearly the total sample population did not vary more than four years in these characteristics.

Effect of Behavioral Description on Degree of Social Acceptability

It was reported earlier that there was a significant relationship between the interpretation of behavior and social acceptance for Frank. The pattern of responses differed from the other vignettes, however, in the following ways:

1) There was a percentage of respondents indicating an unwillingness to accept Frank as a friend.

2) There was only a slight change in the percentage of respondents indicating social acceptance when the interpretation of Frank's behavior went from mental illness to something wrong; but there was a substantial change when the behavior was interpreted as normal rather than indicating something wrong.

³The Cummings, in Closed Ranks, found that the younger better educated people said that they were more willing to associate with those who had been mentally ill than the older, less well educated.

3) The percentage of respondents indicating a willingness to be friends with Frank was relatively low when the interpretation of behavior was either mental illness or something wrong, while the percentage of respondents indicating reluctance to be friends was relatively high under these same two conditions.

These results indicate that Frank was not socially accepted by those respondents who considered him ill or as having something wrong. Furthermore, a large percentage of the respondents indicated an unwillingness to be friends with him.

The percentage of respondents who indicated that Frank was mentally ill or had something wrong was not sufficiently different from the percentage of responses who indicated mental illness or something wrong with the other vignettes. In fact, the percentage of respondents who indicated that Frank was mentally ill was not the highest among the six vignettes. These respondents indicating rejection of Frank, therefore, can not be the direct result of a high percentage of respondents perceiving him to be ill.

It can be assumed then that the rejection of Frank was due to the type of behavior described, rather than to the perceived severity. Since Frank's description implied sexual deviance, these results suggest that persons with sexual problems are actively avoided by those who consider these problems to be indicative of mental illness or something wrong. It is interesting to note, however, that ninety per cent of those respondents who thought Frank was normal were willing to accept him as a close friend or friend, and none were either reluctant or unwilling to accept him as a friend.

For another vignette--Jack--eighty per cent of the respondents who considered him mentally ill were willing to accept him as a close friend. Excess concern over success elicited the smallest percentage of responses indicating mental illness of all the vignettes--two per cent. Even this small group of respondents, however, did not consider this behavioral description to be a deterrent for acceptance as a close friend.

Effect of Demographic Characteristics
on Degree of Social Acceptability

Of the six demographic characteristics examined--age, sex, religious affiliation, father's occupation, year in college, or preferred major in college--only the respondents' religious affiliation had significant effects on the social acceptability of a vignette.

The religious affiliation of the respondent was found to have no significant effects on his perception of the vignette as mentally ill, or as having something wrong with him. It was found, however, to significantly affect the social acceptance of two of the vignettes--Janet and Frank. This indicates again that the perception of mental illness or something wrong is not the only determiner of social acceptance.

Although the religious affiliation of the respondent only affected the social acceptability of two of the six vignettes, it will be examined carefully in Table 14 for two reasons:

1) It was the only demographic characteristic of the respondents to have a significant effect on the social acceptability of a vignette, and

2) It affected significantly the percentage of respondents willing to accept the two vignettes as friends in opposite directions.

Table 14 presents the percentage of respondents--who are Protestant, Catholic, and Jewish--who are willing to accept the vignettes along a five-item scale of social acceptability on the left side of the double line. On the right side of this line, the five items of acceptability are condensed into three items indicating a positive, neutral or negative attitude toward friendship.

TABLE 14

PERCENTAGE OF RESPONSES INDICATING DEGREE OF SOCIAL
ACCEPTABILITY FOR EACH VIGNETTE ON THE BASIS OF
RESPONDENTS' RELIGIOUS AFFILIATION

Religious Affiliation AND Vignette	Degree of Social Acceptance							
	Close Friend	Friend	Indif- ferent	Reluctant	Unwilling	Positive	Neutral	Negative
<u>*for Janet:</u>								
Protestant N=122	64.0	31.2	3.2	1.6		95.2	3.2	1.6
Catholic N=28	57.2	35.8	7.2	0.0		92.0	7.2	0.0
Jewish N=6	50.0	0.0	33.3	16.7		50.0	33.3	16.7
<u>for Sally:</u>								
Protestant	51.6	38.5	9.1	0.8		90.1	9.1	0.8
Catholic	46.5	39.3	10.8	3.4		85.8	10.8	3.4
Jewish	50.0	16.6	16.7	16.7		66.6	16.7	16.7

TABLE 14 - CONTINUED

Religious Affiliation AND Vignette	Degree of Social Acceptance							
	Close Friend	Friend	Indif- ferent	Reluctant	Unwilling	Positive	Neutral	Negative
<u>for Jack:</u>								
Protestant	57.4	32.8	6.5	3.3		90.2	6.5	3.3
Catholic	50.0	39.2	7.2	3.6		89.2	7.2	3.6
Jewish	33.4	33.4	16.6	16.6		66.8	16.6	16.6
<u>*for Frank:</u>								
Protestant	4.1	28.6	18.1	37.7	11.5	32.7	18.1	49.2
Catholic	10.8	28.5	14.2	35.7	10.8	39.3	14.2	46.5
Jewish	16.7	33.4	16.6	33.3	0.0	50.1	16.6	33.3
<u>for Fran:</u>								
Protestant	40.2	38.6	13.1	8.2		78.1	13.1	8.2
Catholic	32.2	46.5	7.1	14.2		78.7	7.1	14.2
Jewish	16.6	50.0	16.7	16.7		66.6	16.7	16.7
<u>for Jim:</u>								
Protestant	20.5	45.1	9.9	24.5		65.6	9.9	24.5
Catholic	25.0	28.5	21.5	25.0		53.5	21.5	25.0
Jewish	16.7	16.6	16.6	50.1		33.3	16.6	50.1

* Janet - significant at .01 level; Frank - significant at .05 level.

For Janet, those respondents who were Protestant were significantly more willing to accept her as a close friend than the respondents who were Jewish. The respondents who were Jewish were significantly more reluctant to accept her as a friend. While fifty per cent of the Jewish respondents were willing to accept Janet as a close friend, there were no additional Jewish respondents willing to accept her as a friend.

The three-item scale on the right side of the double line in Table 14 illustrates this pattern even more clearly.

For Frank, the religious affiliation of the respondent had an opposite effect on his social acceptability. Those respondents who were Jewish were more willing to accept Frank as a friend or close friend than the respondents who were Protestant or Catholic. The respondents who were Jewish were also not as reluctant to accept Frank as a friend.

Frank differed from the other vignettes in that some Protestant and Catholic respondents indicated a definite unwillingness to accept him as a friend. This did not occur for the Jewish respondents, however--none indicated a definite unwillingness to be friends with him.

The results in Table 14 indicate that Protestant respondents accepted four of the six vignettes as friends slightly more than the Catholic respondents.⁴ Protestant and Catholic respondents accepted five of the six vignettes as friends considerably more so than the Jewish respondents.

⁴The Catholic respondents accepted Fran only 0.6% more than the Protestant respondents. This was certainly not an indication of a much greater acceptance for her.

These results suggest, therefore, that Protestant respondents were the most likely to accept the behavioral descriptions as friends; the Catholic respondents accepted the vignettes as friends only slightly less. The Jewish respondents, however, accepted the vignettes as friends considerably less than the respondents from the other two religions.

Frank, however, was the exception. It appears that Jewish respondents were significantly more willing to accept as a friend this description of sexual deviance than either Protestant or Catholic responses.⁵ In addition, this description of Frank as being sexually deviant was the only description capable of eliciting a percentage of respondents indicating a definite unwillingness for friendship. These responses came from the Protestant and Catholic students in this sample.

Effects of Experimental Groups on Degree of Social Acceptability

The percentage of responses indicating the five degrees of social acceptance for each vignette, was broken down according to whether the responses came from Group I, Group II, or Group III. This was done to determine whether the experimental conditions of this study, incorporating definitions of friendship into the behavioral descriptions, significantly affected the percentage of respondents willing to accept these descriptions as friends. This would be indicated by the following results:

- 1) The percentage of respondents willing to accept Jim and Janet as close friends would be significantly higher in Group III than in Groups I and II.

⁵It should be noted, however, that the number of respondents who were Jewish was extremely small.

2) The percentage of respondents willing to accept all six vignettes as friends would be higher in Groups II and III than in Group I. The percentage of respondents in Group III willing to accept as friends the four vignettes not defined as close friends may be slightly higher than the percentage of respondents in Group II because of the influence of the definition of close friendship given to the two vignettes. The results are presented in Table 15.

TABLE 15

PERCENTAGE OF RESPONSES INDICATING DEGREE OF SOCIAL ACCEPTABILITY FOR EACH VIGNETTE ON THE BASIS OF THE EXPERIMENTAL GROUPS OF THIS STUDY

Experi- mental Group AND Vignette	Degree of Social Acceptance							
	Close Friend	Friend	Indif- ferent	Reluctant	Unwilling	Positive	Neutral	Negative
<u>*for Janet:</u>								
Group I N=67	43.3	44.7	10.5	1.5		88.0	10.5	1.5
Group II N=61	54.1	37.7	6.5	1.7		91.8	6.5	1.7
Group III N=61	90.2	8.1	0.0	1.7		98.3	0.0	1.7
<u>for Sally:</u>								
Group I	41.8	43.2	12.0	3.0		85.0	12.0	3.0
Group II	54.1	34.5	9.8	1.6		88.6	9.8	1.6
Group III	57.8	36.1	6.6	0.0		93.4	6.6	0.0

TABLE 15 - CONTINUED

Experi- mental Group AND Vignette	Degree of Social Acceptance							
	Close Friend	Friend	Indif- ferent	Reluctant	Unwilling	Positive	Neutral	Negative
<u>*for Jack:</u>								
Group I	38.8	44.7	10.5	6.0		83.5	10.5	6.0
Group II	64.0	26.3	8.2	1.5		90.3	8.2	1.5
Group III	65.5	32.8	0.0	1.7		98.3	0.0	1.7
<u>for Frank:</u>								
Group I	4.5	26.7	16.5	37.3	15.0	31.2	16.5	52.3
Group II	8.2	29.5	19.6	34.5	8.2	37.7	19.6	42.7
Group III	13.2	39.4	16.2	23.0	8.2	55.6	16.2	31.2
<u>+for Fran:</u>								
Group I	26.8	44.7	18.0	10.5		71.5	18.0	10.5
Group II	46.0	36.0	13.0	5.0		82.0	13.0	5.0
Group III	46.0	39.2	3.3	11.5		85.2	3.3	11.5
<u>*for Jim:</u>								
Group I	4.5	44.7	15.0	35.8		49.2	15.0	35.8
Group II	14.7	47.6	18.1	19.6		62.3	18.1	19.6
Group III	52.3	26.3	3.3	18.1		78.6	3.3	18.1

* Jim and Janet--significant beyond the .00 level; Jack--significant at .01 level.

+ Fran--close to significance--.0543 level.

There were significant differences in the degree of social acceptability for three of the six vignettes among the three groups of this study. In addition, another vignette had close to significant differences among the groups.

The respondents in Group III were informed that both Jim and Janet were close friends of theirs. The respondents in Group II were informed that they were fellow members of a special interest friendship group. Group I received no identification of the vignettes at all.

The definitions of friendship were found in the last chapter not to significantly affect the perception of Jim or Janet as mentally ill or as having something wrong with them. Built into the experimental condition of defining these two vignettes as close friends, however, was the assumption that the respondents in Group III would accept this definition. If the definition of friendship was accepted, it should significantly affect the respondents' willingness to accept Jim and Janet as close friends. The results in Table 15 indicate that this did occur--the willingness to accept Jim and Janet as close friends was considerably higher in Group III than in Groups I and II.

When the three-item scale is looked at on the right side of the double line in Table 15, it can be seen that the percentage of respondents who indicated a positive attitude toward friendship with Jim and Janet increased from Group I through Group III. The percentage of respondents indicating a negative attitude toward friendship decreased when Jim was identified as a friend.

The greatest amount of change was found, however, in the percentage of respondents accepting Jim and Janet as close friends from Groups I and II to Group III. This suggests that the respondents were

affected by the experimental condition of defining Jim and Janet as close friends.

The percentage of respondents willing to accept all six vignettes as friends was found to be higher in Groups II and III than in Group I. For three of the vignettes--Jim, Janet and Jack--the differences were significant; for a fourth vignette--Fran--the differences approached a level of significance.

These results indicate, therefore, that the experimental group in which the respondent was placed, affected significantly the degree to which he accepted each of the vignettes as a friend.

Conclusion

Three factors were found to affect the social acceptability of the vignettes. These were: 1) the type of behavior described, 2) the religious affiliation of the respondent, and 3) the experimental conditions of the study. These factors seriously impeded the ability to determine whether the same behavioral description was increasingly less accepted socially as it was identified as being normal, having something wrong with it--but not mental illness, or being mentally ill.

The social acceptability of all six vignettes were affected by the experimental conditions of the study. The percentage of respondents willing to accept the vignettes in each of the three groups, differed according to the experimental conditions which distinguished among the groups. Three of these vignettes were affected significantly--Jim, Janet and Jack--and one vignette--Fran--almost significantly.

The respondents in the third group were given a definition of close friendship for Jim and Janet as part of the experimental conditions of the study. They were then asked whether they would be

still willing to accept these two vignettes as friends. The percentage of respondents indicating a willingness for friendship for these two vignettes was significantly higher in Group III than in Groups I and II.

Groups II and III received a definition of fellow member of a friendship group for all six vignettes. Group I received no identification at all. The respondents in Groups II and III indicated a greater willingness for friendship than those in Group I.

In spite of this influence, however, certain vignettes were still found to be less accepted socially on the basis of the interpretation of their behavior as being normal, something wrong--but not mental illness, or mentally ill.

For the two vignettes perceived to be most indicative of mental illness by the total sample population--Jim and Frank--the interpretation of their behavior was found to be significantly related to their social acceptance.

For Jim, there was a definite decrease in the percentage of respondents indicating a reluctance for friendship when the interpretation of the behavior went from mental illness to having something wrong to normal. There was an increase, also, in the percentage of respondents willing to accept Jim as a friend as the behavior was interpreted in the same way. When the percentage of respondents willing to accept Jim as a close friend was considered, however, the interpretation of his behavior failed to explain the results. The percentage of respondents willing to accept Jim as a close friend did differ significantly among the three groups of this study according to the experimental conditions.

For Frank, there was an important change in social acceptance when the behavior was interpreted as normal. This suggests that the interpretation of his behavior as being not quite right or indicative of mental illness was a definite deterrent to his social acceptance.

For Sally, the significant differences in social acceptability based on the interpretation of her behavior followed closely the direction suggested by the hypothesis.

It can be stated, therefore, that for those vignettes perceived by a majority of the respondents to be indicative of mental illness, the interpretation of their behavior as mental illness, something wrong, or normal definitely affected the degree to which they were accepted as friends.

Of the four remaining vignettes whose behaviors were less indicative of mental illness, one still was accepted as a friend on the basis of whether the behavior was interpreted as mental illness or not. The other three, however, were found to be influenced by the experimental groupings in the study. This could have interfered with the effect of the interpretation of behavior on social acceptability.

The respondent's religious affiliation was the only demographic characteristic which had a significant effect on the acceptance of a vignette as a friend. For two of the vignettes--Janet and Frank--respondents who were Protestant, Catholic and Jewish differed significantly in their willingness to be friends with them. For five of the six vignettes the Protestant respondents were the most likely to accept the vignettes as friends, Catholic respondents were next, and Jewish respondents the least likely. The sixth vignette, Frank, however, was accepted significantly more by the Jewish respondents than by those

of other faiths. Frank's description suggested sexual problems.

Frank's description also elicited a pattern of responses different from the others. Only from those respondents who considered him normal, was a majority willing to accept him as a friend. At the other extreme, eighty per cent of those respondents who considered Jack to be mentally ill were willing to accept him as a close friend. These patterns of responses could be the result of the nature of the symptoms described in the vignettes rather than the perceived severity.

Previous knowledge of someone who is mentally ill did not affect significantly the percentage of respondents willing to accept the vignettes as friends.

The scores from the Self-Acceptance and Acceptance of Others Scale were found not to have any significant effects on the results, and were not considered for the reasons stated in Chapter IV.

CHAPTER VII

CONCLUSION - DISCUSSION OF RESULTS AND SUGGESTIONS FOR FUTURE RESEARCH

This study was an exploratory attempt to devise and utilize a method of measuring the conditions which affect: 1) the perception of mental illness, and 2) the rejection of the mentally ill. It is similar to several studies done during the past twenty years, in that it makes use of behavioral descriptions manifesting symptoms of mental illness in varying degrees.

Discussion of Results

The specific and unique aim of the study was to determine whether the ability or willingness to identify mental illness from behavioral descriptions is altered when the definition of "friendship" is incorporated into the descriptions. It also investigates whether the rejection of these behavioral descriptions is based on the interpretation of their behavior as being: (1) indicative of mental illness, (2) having something wrong--but not mental illness, or (3) normal.

The main independent variable of the study was the experimentally defined friendship pattern. In order to isolate this variable as much as possible so that its effect on the dependent variable--the identification of mental illness--could be determined, it was necessary to control for a number of other relevant variables. This was done by using a homogeneous population which consisted of 189 college students enrolled in introductory sociology classes.

This population was divided into three groups--two experimental and one control. The control group received the vignettes with no identification and the experimental groups were told to think of the persons in the vignettes as if they were fellow members of a special interest friendship group. One of the experimental groups was told to identify two of the six vignettes in this study as close friends of the respondents.

The results of this study suggest that the respondents in the two experimental groups (receiving a definition of group membership for each of the six vignettes) did not significantly: 1) perceive the behavior described in the vignettes as indicative of mental illness less than the control group; and 2) perceive the persons in the vignettes as having nothing wrong with them more so than the control group.

The results also suggest that certain demographic characteristics of the sample population seemed to exert more influence on the perception of mental illness or something wrong from the six behavioral descriptions than did the experimental conditions of the study. When the demographic characteristics of the respondents were taken into consideration, the preferred major of the respondent was found to be the most consistently influential factor in determining whether the behavioral descriptions were perceived as being mentally ill or as having something wrong with them. Social science majors were the most likely to indicate that the behavioral descriptions were indicative of mental illness or something wrong, and majors in the humanities were the least likely. This could be due to various factors: the type of persons attracted to these fields, the type of training

received by students majoring in these areas, and the degree to which students in these areas identify with the types of behavior described.

However, results suggest that the ability or willingness to indicate that something was wrong with the persons described in the six vignettes was influenced slightly more so by defining these persons as fellow members of a group than the ability or willingness to perceive them as mentally ill. A majority of the respondents reported awareness that something was wrong with the persons described in the six vignettes but appeared to be either unwilling or unable to identify them as mentally ill. Since the study population consisted almost totally of college students under twenty-four years of age, it is possible that the two demographic characteristics which were shared by all of the respondents--youth and a high level of education--were major factors in these results.

Previous studies reported that these two demographic characteristics did influence the ability to recognize mental illness--that the young highly educated respondents recognized mental illness from behavioral descriptions more so than the other respondents in their studies. The majority of the respondents in this study, however, did not report that the persons described in the vignettes were mentally ill. Whether this low percentage of respondents reporting mental illness was due to the inability to recognize mental illness, or to the unwillingness to label it as such could not be determined by the study. Since a large proportion of the respondents did indicate that something was wrong with the persons described in the vignettes, however, it is possible that the low percentage reporting mental illness was due to the unwillingness of the respondents to label the vignettes as mentally ill. This could be the result of the respondents' reluctance

to consider certain deviant behavior as indicative of illness, or to label such behavior as "mentally ill." It could also be the result of the respondents' ability to identify with the persons described in the vignettes. The vignettes were specifically selected and reworded to describe behavior which would be more meaningful to them. Although care was taken when adapting these vignettes not to alter the severity of the symptoms, the respondents could have been influenced by the encouragement to identify with the behavior.

In order to examine the effects of a closer relationship on the perception of mental illness or on the indication that the vignettes had something wrong with them, two vignettes were selected to represent a special friendship pattern within the group structure. The respondents in one of the experimental groups were instructed to consider two of the six vignettes selected by the researcher as their close friends.

The results of this investigation indicate that the respondents who received the definition of close friend for the two vignettes did not significantly:

1) perceive the behavior in each of these vignettes to be indicative of mental illness less than--

(a) the respondents receiving only the definition of group membership, and

(b) the respondents receiving no identification at all.

2) perceive the behavior in each of these two vignettes to be indicative of something being wrong with them more so than--

(a) the respondents receiving only the definition of group membership, and

(b) the respondents receiving no identification at all.

When the results of this investigation were examined, it was found again that the demographic characteristics of the study population seemed to exert more influence on the perception of mental illness or something wrong than did the experimental condition of defining the two vignettes as close friends.

When the demographic characteristics of the respondents were taken into consideration, the preferred major of the respondent had an effect on the percentage of respondents perceiving mental illness for one of the vignettes, and sex and year in college significantly affected the percentage of respondents indicating that something was wrong with the two vignettes.

A major concern of the researcher was that the design of the study was inadequate to measure the real effects of friendship on the perception of behavior. The researcher was acutely aware of the difference between asking the respondents about vignettes which were described to be fellow members of an experimentally defined group, and asking them about actual persons who were fellow members of a real group. She was acutely aware also of the difference between being informed that the vignettes were close friends, and knowing persons as close friends.

An interesting fact emerged from the results obtained from the measurement of social acceptability. It was found that for three of the six vignettes, there were significant differences among the three groups of this study in their willingness to accept the vignettes as friends. A fourth vignette had almost significant differences in the degree of acceptability among the three groups; and for all six

vignettes, the percentage of respondents willing to accept them as friends was higher in the experimental groups receiving a definition of friendship than in the control group receiving no identification at all.

These results indicate, therefore, that the experimental group in which the respondent was placed affected significantly the degree to which the respondent accepted each of the vignettes as a friend. This also suggests that the respondents were indeed affected by the experimental groupings of this study.

The vignettes were then examined to determine whether the interpretation of their behavior as being indicative of mental illness, having something wrong with them--but not mental illness, or normal affected significantly the willingness to accept them as friends.

Three of the six vignettes had significant differences in social acceptability when the interpretation of their behavior went from mental illness to normal. Moreover, all six vignettes had increases in the percentage of respondents indicating a positive attitude toward friendship when the interpretation of their behavior went from mental illness to normal.

It was found that for those vignettes perceived by a majority of respondents to be indicative of mental illness--the interpretation of their behavior as mental illness, something wrong, or normal definitely affected the degree to which they were accepted as friends. For those vignettes which were perceived by only a few respondents to be indicative of mental illness, the interpretation of their behavior did not seem to be important in determining their level of acceptance. These results suggest that more deviant behavior can be made more

acceptable by interpreting the behavior within the framework of normality, while less deviant behavior appears not to be as dependent on this for acceptability.

Three factors seriously impeded the ability to measure this, however. These were: 1) the type of behavior described, 2) the religious affiliation of the respondent, and 3) the experimental conditions of the study.

The hypothesis could tentatively be accepted. What is needed, however, is the examination of this factor by itself without the interference of the experimental groupings set up in order to determine the effects of "friendship" on the perception of mental illness.

Suggestions for Future Research

Since this was an exploratory study, certain factors other than the ones around which this study was designed were observed and appear to have a significant influence on the perception of mental illness, and on the rejection of the mentally ill.

This study was not able to examine these factors adequately, however, and future research projects designed especially for this purpose should be conducted. Some of these are:

1) A study should be designed specifically to examine the effects of demographic characteristics on: a) the ability to recognize mental illness from behavioral descriptions, b) the willingness to label these descriptions as mentally ill, and c) the willingness to accept the persons described in these descriptions as friends. It should then attempt to determine the relationships between these three effects, and explore the underlying causes for similarities and differences.

The present study found that the majority of respondents were unwilling or unable to recognize mental illness from behavioral descriptions. There was, however, no provision made to determine whether the low responses were due to the inability or the unwillingness.

This study also found that, except for one vignette, no respondents were definitely unwilling to be friends with the persons described in the vignettes.

It would have been interesting to know whether any underlying characteristics of the sample were responsible for both of these responses or whether they were caused by different factors. From this research one can only assume that the characteristics of youth and high level of education which were shared by all of the respondents may have been a major influence.

When the present study examined the effects of different demographic characteristics on the perception of mental illness, it found that social science majors were consistently identifying the behavioral descriptions as "mentally ill" or as "having something wrong with them" more than the respondents in other major areas of interest. When the social acceptability of the behavioral descriptions was examined, only the religious affiliation of the respondent was influential in affecting the response willing to accept them as friends.

These results are based on small numbers of respondents with these characteristics. A larger sample is a necessity in order to have an adequate number of respondents with these characteristics. It would be invaluable for those interested in educating the public on mental illness to know whether these characteristics are indeed influential

in determining the degree of perception and rejection of the mentally ill.

2) A study should be designed also to examine the effects of the type of symptoms in the behavioral descriptions on the perception and rejection of the mentally ill. It was found in this study that not all behavioral descriptions were perceived to be indicative of mental illness to the same degree, and that not all the behavioral descriptions were accepted as friends to the same degree. In addition, these two factors were not always related to each other. A research project which produces knowledge of the symptoms that are considered ill, and knowledge of the symptoms which discourage social acceptability would greatly enhance the understanding of public attitudes toward mental illness.

3) The third hypothesis of this study should be examined in a study designed specifically for that purpose. This study provided strong evidence that social acceptability was influenced by the interpretation of behavior as mental illness or not. It was found, however, that the experimental groupings in this study hampered the ability to measure the relationship.

4) A source of disappointment in this study was the inability of the short scale measuring acceptance of self and acceptance of others to be an effective instrument. The logical relationship between scores on such a test and the willingness to accept the behavioral descriptions as friends, should not be discarded. It would be most interesting to see whether the scores from the entire Berger scale were related to the degree of social acceptance.

This does not exhaust all research possibilities stemming from the results of this study. It does represent, however, the major areas of interest to the researcher.

The researcher wishes to make a final note at this point. Although the identification of the behavioral descriptions as fellow group members or close friends did not significantly affect the perception of this behavior as mental illness in this study, the hypotheses should not be discarded. Several studies have shown that primary association does affect perception of behavior, and that negative labels are rejected as long as possible by those who associate closely with the persons described. A better method of measuring this relationship should be designed.

APPENDIX I
BEHAVIORAL DESCRIPTIONS

Shirley Star--6 Case Abstracts of Mental Illness*

Paranoid Schizophrenic. I'm thinking of a man--let's call him Frank Jones--who is very suspicious; he doesn't trust anybody, and he's sure that everybody is against him. Sometimes he thinks people he sees on the street are talking about him or following him around. A couple of times, now, he has beaten up men who didn't even know him, because he thought that they were plotting against him. The other night, he began to curse his wife terribly; then he hit her and threatened to kill her, because, he said, she was working against him, too, just like everyone else.

Simple Schizophrenic. Now here's a young woman in her twenties, let's call her Betty Smith. . . She has never had a job, and she doesn't seem to want to go out and look for one. She is a very quiet girl, she doesn't talk much to anyone--even her own family, and she acts like she is afraid of people, especially young men her own age. She won't go out with anyone, and whenever someone comes to visit her family, she stays in her own room until they leave. She just stays by herself and daydreams all the time, and shows no interest in anything or anybody.

Chronic Anxiety Neurotic. Here's another kind of man; we can call him George Brown. . . He has a good job and is doing pretty well at it. Most of the time he gets along all right with people, but he is always very touchy and he always loses his temper quickly, if things aren't going his way, or if people find fault with him. He worries a lot about little things, and he seems to be moody and unhappy all the time. Everything is going along all right for him, but he can't sleep nights, brooding about the past, and worrying about things that might go wrong.

Compulsive Phobic. Here's a different sort of girl--let's call her Mary White. She seems happy and cheerful; she's pretty, has a good enough job, and is engaged to marry a nice young man. She has loads of friends; everybody likes her, and she's always busy and active. However, she just can't leave the house without going back to see whether she left the gas stove lit or not. And she always goes back again just to make sure she locked the door. And one other thing about her; she's afraid to ride up and down in elevators; she just won't go any place where she'd have to ride in an elevator to get there.

Alcoholic. How about Bill Williams? He never seems to be able to hold a job very long, because he drinks so much. Whenever he has money in his pocket, he goes on a spree; he stays out till all hours drinking, and never seems to care what happens to his wife and children. Sometimes he feels very bad about the way he treats his family; he begs his wife to forgive him and promises to stop drinking, but he always goes off again.

*Joint Commission on Mental Illness and Health, Report of the Commission, Action for Mental Health. New York: Science Edition, 1961.

Behavior Disorder. Now, the last person I'd like to describe is a twelve-year-old boy--Bobby Grey. He's bright enough and in good health, and he comes from a comfortable home. But his father and mother have found out that he's been telling lies for a long time now. He's been stealing things from stores, and taking money from his mother's purse, and he has been playing truant, staying away from school whenever he can. His parents are very upset about the way he acts, but he pays no attention to them.

Jack Elinson, Elena Padilla and Marvin Perkins

13 Vignettes of Mental Illness*

1. A man who is known as a good husband begins to curse his wife one night. He hits her and threatens to kill her. He says she is working against him just like everyone else.
2. A young woman of average appearance, keeps to herself. She just stays home and day dreams most of the time. She shows no interest in her parents, or a job, or young men or anything else.
3. A family man, successful in his job, is always moody and touchy. He loses a lot of sleep, worrying about things that might go wrong.
4. A family man never seems to be able to hold a job very long, because he drinks so much. Whenever he has money in his pocket he goes on a spree. When he sobers up, he comes home, begging his wife to forgive him, and promising to stop drinking. But he always goes off again.
5. A stockbroker has several cocktails at home every evening. He always engages in long and bitter fights and arguments with his wife in front of their children.
6. A mother is told that her four-year old son needs a blood transfusion to save his life. She tells the doctor that it is against her religious belief to transfer blood. She does not allow the transfusion.
7. A girl who appears happy and cheerful always has to go back to see if the door is locked and the gas stove is turned off. She is also so afraid of elevators that she never uses one under any conditions.
8. An average looking man has troubles with girls. He blushes and stutters when introduced to a woman. He has stopped trying to make dates because he is afraid of being embarrassed by his behavior.
9. A retired man moves in with his daughter and her family. They had always known him as a good father and grandfather. Now they all find that he butts into everything, and is generally cranky and hard to live with.
10. A laborer stops at a bar for a few drinks on his way home from work. When he gets home, he always fights and argues bitterly with his wife in front of their children.

*Elinson, Jack; Padilla, Elena; and Perkins, Marvin. Public Image of Mental Health Services. New York: Mental Health Materials Center, 1967.

11. A married man, father of two handsome children who enjoys his work and his family, likes to wear clothes made for women. When he comes home at night, and on weekends, he wears his wife's clothing around the house.
12. A handsome young man is always getting into fist fights. He has lost some jobs over them and often gotten into trouble. But he still looks for these fights, because he believes they are necessary to show he is a real man.
13. A married couple is having trouble. The husband, who is a kind man, has for many years held a very low paying job. His wife thinks their marital trouble is his fault since he is not able to provide economic security for his family.

APPENDIX II
BERGER SCALE

SELF-ACCEPTANCE SCALE**

(The asterisked items measure self-acceptance; the others measure acceptance of others.)

This is a study of some of your attitudes. Of course, there is no right answer for any statement. The best answer is what you feel is true of yourself.

You are to respond to each question on the answer sheet according to the following scheme:

1	2	3	4	5
Not at all true of myself	Slightly true of myself	About half- way true of myself	Mostly true of myself	True of myself

Remember, the best answer is the one which applies to you.

- *1. I'd like it if I could find someone who would tell me how to solve my personal problems. (High acceptance end of answer scale: 1)
- *2. I don't question my worth as a person, even if I think others do. (5)
- 3. I can be comfortable with all varieties of people--from the highest to the lowest. (5)
- 4. I can become so absorbed in the work I'm doing that it doesn't bother me not to have any intimate friends. (1)
- 5. I don't approve of spending time and energy in doing things for other people. I believe in looking to my family and myself more and letting others shift for themselves. (1)
- *6. When people say nice things about me, I find it difficult to believe they really mean it. I think maybe they're kidding me or just aren't being sincere. (1)
- *7. If there is any criticism or anyone says anything about me, I just can't take it. (1)
- *8. I don't say much at social affairs because I'm afraid that people will criticize me or laugh if I say the wrong thing. (1)
- *9. I realize that I'm not living very effectively but I just don't believe I've got it in me to use my energies in better ways. (1)

**Berger, E. M. "The Relation between Expressed Acceptance of Self and Expressed Acceptance of Others." Journal of Abnormal and Social Psychology, 47 (1952), 778-782.

10. I don't approve of doing favors for people. If you're too agreeable they'll take advantage of you. (1)
- *11. I look on most of the feelings and impulses I have toward people as being quite natural and acceptable. (5)
- *12. Something inside me just won't let me be satisfied with any job I've done--if it turns out well, I get a very smug feeling that this is beneath me, I shouldn't be satisfied with this, this isn't a fair test. (1)
- *13. I feel different from other people. I'd like to have the feeling of security that comes from knowing I'm not too different from others. (1)
- *14. I'm afraid for people that I like to find out what I'm really like, for fear they'd be disappointed in me. (1)
- *15. I am frequently bothered by feelings of inferiority. (1)
- *16. Because of other people, I haven't been able to achieve as much as I should have. (1)
- *17. I am quite shy and self-conscious in social situations. (1)
- *18. In order to get along and be liked, I tend to be what people expect me to be rather than anything else. (1)
19. I usually ignore the feelings of others when I'm accomplishing some important end. (1)
- *20. I seem to have a real inner strength in handling things. I'm on a pretty solid foundation and it makes me pretty sure of myself. (5)
21. There's no sense in compromising. When people have values I don't like, I just don't care to have much to do with them. (1)
22. The person you marry may not be perfect, but I believe in trying to get him (or her) to change along desirable lines. (1)
23. I see no objection to stepping on other people's toes a little if it'll help get me what I want in life. (1)
- *24. I feel self-conscious when I'm with people who have a superior position to mine in business or at school. (1)
25. I try to get people to do what I want them to do, in one way or another. (1)
26. I often tell people what they should do when they're having trouble in making a decision. (1)

27. I enjoy myself most when I'm alone, away from other people. (1)
- *28. I think I'm neurotic or something. (1)
29. I feel neither above nor below the people I meet. (5)
30. Sometimes people misunderstand me when I try to keep them from making mistakes that could have an important effect on their lives. (1)
- *31. Very often I don't try to be friendly with people because I think they won't like me. (1)
32. There are very few times when I compliment people for their talents or jobs they've done. (1)
33. I enjoy doing little favors for people even if I don't know them well. (5)
- *34. I feel that I'm a person of worth, on an equal plane with others. (5)
- *35. I can't avoid feeling guilty about the way I feel toward certain people in my life. (1)
36. I prefer to be alone rather than have close friendships with any of the people around me. (1)
- *37. I'm not afraid of meeting new people. I feel that I'm a worthwhile person and there's no reason why they should dislike me. (5)
- *38. I sort of only half-believe in myself. (1)
39. I seldom worry about other people. I'm really pretty self-centered. (1)
- *40. I'm very sensitive. People say things and I have a tendency to think they're criticizing me or insulting me in some way and later when I think of it, they may not have meant anything like that at all. (1)
- *41. I think I have certain abilities and other people say so too, but I wonder if I'm not giving them an importance way beyond what they deserve. (1)
- *42. I feel confident that I can do something about the problems that may arise in the future. (5)
- *43. I believe that people should get credit for their accomplishments, but I very seldom come across work that deserves praise. (1)

- 44. When someone asks for advice about some personal problem, I'm most likely to say, "It's up to you to decide," rather than tell him what he should do. (5)
- *45. I guess I put on a show to impress people. I know I'm not the person I pretend to be. (1)
- 46. I feel that for the most part one has to fight his way through life. That means that people who stand in the way will be hurt. (1)
- 47. I can't help feeling superior (or inferior) to most of the people I know. (1)
- *48. I do not worry or condemn myself if other people pass judgment against me. (5)
- 49. I don't hesitate to urge people to live by the same high set of values which I have for myself. (1)
- 50. I can be friendly with people who do things which I consider wrong. (5)
- *51. I don't feel very normal, but I want to feel normal. (1)
- *52. When I'm in a group I usually don't say much for fear of saying the wrong thing. (1)
- *53. I have a tendency to sidestep my problems. (1)
- 54. If people are weak and inefficient I'm inclined to take advantage of them. I believe you must be strong to achieve your goals. (1)
- 55. I'm easily irritated by people who argue with me. (1)
- 56. When I'm dealing with younger persons, I expect them to do what I tell them. (1)
- 57. I don't see much point to doing things for others unless they can do you some good later on. (1)
- *58. I feel that I'm on the same level as other people and that helps to establish good relations with them. (5)
- *59. Even when people do think well of me, I feel sort of guilty because I know I must be fooling them--that if I were really to be myself, they wouldn't think well of me. (1)
- 60. If someone I know is having difficulty in working things out for himself, I like to tell him what to do. (1)

- *61. I feel that people are apt to react differently to me than they would normally react to other people. (1)
- *62. I live too much by other peoples' standards. (1)
- *63. When I have to address a group, I get self-conscious and have difficulty saying things well. (1)
- *64. If I didn't always have such hard luck, I'd accomplish much more than I have. (1)

APPENDIX III
QUESTIONNAIRES

QUESTIONNAIRE - FORM #1

You are being asked to participate in a study on behavior. Your cooperation in completing this questionnaire will be most appreciated.

Listed below are six brief descriptions of behavior. Please answer the questions after each description by circling the answer closest to your feelings.

Your name is not needed on this questionnaire, but your answers to the few questions about yourself at the end of this form will provide us with valuable information.

It is important for this research that each question be answered.

Thank you very much for your cooperation.

-
1. Jim, who's always been a really nice guy, started cursing out his roommate last week. He's been hitting him and threatening to kill him. He says that he is working against him just like everyone else.

Do you think that anything is wrong with Jim? YES NO

Do you think that he has some kind of mental illness? YES NO

Would you be:

- (a) willing to accept Jim as a very close friend? A
- (b) willing to accept Jim as a friend? B
- (c) indifferent as to whether Jim is a friend or not? C
- (d) reluctant to accept Jim as a friend? D
- (e) definitely unwilling to accept Jim as a friend? E

2. Janet, who's always so happy and cheerful, never leaves her place without having to go back to see if the door is locked and the gas stove is turned off. She is also so afraid of elevators that she'll never use one under any conditions.

Do you think that anything is wrong with Janet? YES NO

Do you think that she has some kind of mental illness? YES NO

Would you be:

- (a) willing to accept Janet as a very close friend? A
- (b) willing to accept Janet as a friend? B
- (c) indifferent as to whether Janet is a friend or not? C
- (d) reluctant to accept Janet as a friend? D
- (e) definitely unwilling to accept Janet as a friend? E

3. Jack, who's always so successful, has been moody and touchy lately. He has been losing a lot of sleep, worrying about all of the things that might go wrong.

Do you think that anything is wrong with Jack? YES NO

Do you think that he has some kind of mental illness? YES NO

Would you be:

- (a) willing to accept Jack as a very close friend? A
- (b) willing to accept Jack as a friend? B
- (c) indifferent as to whether Jack is a friend or not? C
- (d) reluctant to accept Jack as a friend? D
- (e) definitely unwilling to accept Jack as a friend? E

4. Sally, who's not bad looking, has been keeping to herself for the past few weeks. She's been staying home and daydreaming most of the time. She's not showing any interest in men, her parents, or school, or in anything else.

Do you think that anything is wrong with Sally? YES NO

Do you think that she has some kind of mental illness? YES NO

Would you be:

- (a) willing to accept Sally as a very close friend? A
- (b) willing to accept Sally as a friend? B
- (c) indifferent as to whether Sally is a friend or not? C
- (d) reluctant to accept Sally as a friend? D
- (e) definitely unwilling to accept Sally as a friend? E

5. Frank, who really enjoys his work and gets along great with his wife, likes to wear clothes made for women. When he gets home at night, and on weekends, he wears his wife's clothes around the house.

Do you think that anything is wrong with Frank? YES NO

Do you think that he has some kind of mental illness? YES NO

Would you be:

- (a) willing to accept Frank as a very close friend? A
- (b) willing to accept Frank as a friend? B
- (c) indifferent as to whether Frank is a friend or not? C
- (d) reluctant to accept Frank as a friend? D
- (e) definitely unwilling to accept Frank as a friend? E

6. Fran has been feeling that nobody really cares for her. She's always in an unhappy mood. She's been going around telling herself and others that she is no good.

Do you think that anything is wrong with Fran? YES NO

Do you think that she has some kind of mental illness? YES NO

Would you be:

- | | |
|--|---|
| (a) willing to accept Fran as a very close friend? | A |
| (b) willing to accept Fran as a friend? | B |
| (c) indifferent as to whether Fran is a friend or not? | C |
| (d) reluctant to accept Fran as a friend? | D |
| (e) definitely unwilling to accept Fran as a friend? | E |

Please supply the following information about yourself:

1. Age at nearest birthday:
 - A. 18
 - B. 19
 - C. 20
 - D. 21 or over
2. Year in college:
 - A. Freshman
 - B. Sophomore
 - C. Junior
 - D. Senior
 - E. Other (Specify _____)
3. Religious affiliation:
 - A. Protestant
 - B. Catholic
 - C. Jew
 - D. Other (Specify _____)
4. Father's occupation _____
5. Sex:
 - A. Male
 - B. Female
6. Preferred major in college, if known _____
7. Have you ever known anyone whom you would identify as mentally ill?
 - A. Yes
 - B. No

This is a study of some of your attitudes. Of course, there is no right answer for any statement. The best answer is what you feel is true of yourself.

You are to respond to each question on the answer sheet according to the following scheme:

- | | |
|---------------------------------|--------------------------|
| 1. Not at all true of myself | 4. Mostly true of myself |
| 2. Slightly true of myself | 5. True of myself |
| 3. About halfway true of myself | |

Remember, the best answer is the one which applies to you.

- | | | | | | |
|---|---|---|---|---|---|
| 1. I don't question my worth as a person, even if I think others do. | 1 | 2 | 3 | 4 | 5 |
| 2. I can be comfortable with all varieties of people-- from the highest to the lowest. | 1 | 2 | 3 | 4 | 5 |
| 3. I look on most of the feelings and impulses I have toward people as being quite natural and acceptable. | 1 | 2 | 3 | 4 | 5 |
| 4. I am quite shy and self-conscious in social situations. | 1 | 2 | 3 | 4 | 5 |
| 5. In order to get along and be liked, I tend to be what people expect me to be rather than anything else. | 1 | 2 | 3 | 4 | 5 |
| 6. There's no sense in compromising. When people have values I don't like, I just don't care to have much to do with them. | 1 | 2 | 3 | 4 | 5 |
| 7. I enjoy myself most when I'm alone, away from other people. | 1 | 2 | 3 | 4 | 5 |
| 8. I enjoy doing little favors for people even if I don't know them well. | 1 | 2 | 3 | 4 | 5 |
| 9. I'm very sensitive. People say things and I have a tendency to think they're criticizing me or insulting me in some way and later when I think of it, they may not have meant anything like that at all. | 1 | 2 | 3 | 4 | 5 |
| 10. I feel confident that I can do something about the problems that may arise in the future. | 1 | 2 | 3 | 4 | 5 |
| 11. When someone asks for advice about some personal problem, I'm most likely to say, "It's up to you to decide," rather than tell him what he should do. | 1 | 2 | 3 | 4 | 5 |
| 12. I'm easily irritated by people who argue with me. | 1 | 2 | 3 | 4 | 5 |

QUESTIONNAIRE - FORM #2

You are being asked to participate in an experimental study on behavior. Your cooperation will be most appreciated.

Described below is a special group of college students. We would like for you to try to imagine yourself as a member of this group for awhile. The questionnaire will provide you with some additional information about your fellow members, and then ask you a few questions about each of them. Please answer each of these questions by circling the answer closest to your feelings.

Your name is not needed on this questionnaire, but your answers to the few questions about yourself at the end of this form will provide us with valuable information.

It is important for this research that each question be answered.

Thank you very much for your cooperation.

Suppose:

You love Modern Jazz! You have loved it for a couple of years now, and have managed to build up a nice little collection of records. Much to your delight, you found that you were not alone. Within a couple of months, you got ten students together who shared this love as much as you. You have been meeting regularly once a week since then, and you have really been having a great time. You share records, books and articles; hold discussions; and have even managed to go together to the three jazz concerts that have been held nearby.

You've gotten to really like these people even though you don't get a chance to get together too much outside of the weekly meetings. Once in awhile you get a change to stop and say hello--but that's about all.

In the last month or so, however, you have met some people who know your fellow members, and you have found out a little more about them. Here's what they have to say about six of them:

1. Jim, who's always been a really nice guy, started cursing out his roommate last week. He's been hitting him and threatening to kill him. He says that he is working against him just like everyone else.

Do you think that anything is wrong with Jim? YES NO

Do you think that he has some kind of mental illness? YES NO

In light of this additional information about Jim, would you be:

- (a) willing to accept him as a very close friend? A
- (b) willing to accept him as a friend? B
- (c) indifferent as to whether he is a friend or not? C
- (d) reluctant to accept him as a friend? D
- (e) definitely unwilling to accept him as a friend? E

2. Janet, who's always so happy and cheerful, never leaves her place without having to go back to see if the door is locked and the gas stove is turned off. She is also so afraid of elevators that she'll never use one under any conditions.

Do you think that anything is wrong with Janet? YES NO

Do you think that she has some kind of mental illness? YES NO

In light of this additional information about Janet, would you be:

- (a) willing to accept her as a very close friend? A
- (b) willing to accept her as a friend? B
- (c) indifferent as to whether she is a friend or not? C
- (d) reluctant to accept her as a friend? D
- (e) definitely unwilling to accept her as a friend? E

3. Jack, who's always so successful, has been moody and touchy lately. He has been losing a lot of sleep, worrying about all of the things that might go wrong.

Do you think that anything is wrong with Jack? YES NO

Do you think that he has some kind of mental illness? YES NO

In light of this additional information about Jack, would you be:

- (a) willing to accept him as a very close friend? A
- (b) willing to accept him as a friend? B
- (c) indifferent as to whether he is a friend or not? C
- (d) reluctant to accept him as a friend? D
- (e) definitely unwilling to accept him as a friend? E

4. Sally, who's not bad looking, has been keeping to herself for the past few weeks. She's been staying home and daydreaming most of the time. She's not showing any interest in men, her parents, or school, or in anything else.

Do you think that anything is wrong with Sally? YES NO

Do you think that she has some kind of mental illness? YES NO

In light of this additional information about Sally would you be:

- (a) willing to accept her as a very close friend? A
- (b) willing to accept her as a friend? B
- (c) indifferent as to whether she is a friend or not? C
- (d) reluctant to accept her as a friend? D
- (e) definitely unwilling to accept her as a friend? E

5. Frank, who really enjoys his work and gets along great with his wife, likes to wear clothes made for women. When he gets home at night, and on weekends, he wears his wife's clothes around the house.

Do you think that anything is wrong with Frank? YES NO

Do you think that he has some kind of mental illness? YES NO

In light of this additional information about Frank, would you be:

- (a) willing to accept him as a very close friend? A
- (b) willing to accept him as a friend? B
- (c) indifferent as to whether he is a friend or not? C
- (d) reluctant to accept him as a friend? D
- (e) definitely unwilling to accept him as a friend? E

6. Fran has been feeling that nobody really cares for her. She's always in an unhappy mood. She's been going around telling herself and others that she is no good.

Do you think that something is wrong with Fran? YES NO

Do you think that she has some kind of mental illness? YES NO

In light of this additional information about Fran, would you be:

- (a) willing to accept her as a very close friend? A
- (b) willing to accept her as a friend? B
- (c) indifferent as to whether she is a friend or not? C
- (d) reluctant to accept her as a friend? D
- (e) definitely unwilling to accept her as a friend? E

Please supply the following information about yourself:

1. Age at nearest birthday:

- A. 18
- B. 19
- C. 20
- D. 21 or over

2. Year in college:

- A. Freshman
- B. Sophomore
- C. Junior
- D. Senior
- E. Other (Specify_____)

3. Religious affiliation:

- A. Protestant
- B. Catholic
- C. Jewish
- D. Other (Specify_____)

4. Father's Occupation:_____

5. Sex:

- A. Male
- B. Female

6. Preferred major in college, if known_____

7. Have you ever known anyone whom you would identify as mentally ill?

- A. Yes
- B. No

This is a study of some of your attitudes. Of course, there is no right answer for any statement. The best answer is what you feel is true of yourself.

You are to respond to each question on the answer sheet according to the following scheme:

- | | |
|---------------------------------|--------------------------|
| 1. Not at all true of myself | 4. Mostly true of myself |
| 2. Slightly true of myself | 5. True of myself |
| 3. About halfway true of myself | |

Remember, the best answer is the one which applies to you.

- | | | | | | |
|---|---|---|---|---|---|
| 1. I don't question my worth as a person, even if I think others do. | 1 | 2 | 3 | 4 | 5 |
| 2. I can be comfortable with all varieties of people-- from the highest to the lowest. | 1 | 2 | 3 | 4 | 5 |
| 3. I look on most of the feelings and impulses I have toward people as being quite natural and acceptable. | 1 | 2 | 3 | 4 | 5 |
| 4. I am quite shy and self-conscious in social situations. | 1 | 2 | 3 | 4 | 5 |
| 5. In order to get along and be liked, I tend to be what people expect me to be rather than anything else. | 1 | 2 | 3 | 4 | 5 |
| 6. There's no sense in compromising. When people have values I don't like, I just don't care to have much to do with them. | 1 | 2 | 3 | 4 | 5 |
| 7. I enjoy myself most when I'm alone, away from other people. | 1 | 2 | 3 | 4 | 5 |
| 8. I enjoy doing little favors for people even if I don't know them well. | 1 | 2 | 3 | 4 | 5 |
| 9. I'm very sensitive. People say things and I have a tendency to think they're criticizing me or insulting me in some way and later when I think of it, they may not have meant anything like that at all. | 1 | 2 | 3 | 4 | 5 |
| 10. I feel confident that I can do something about the problems that may arise in the future. | 1 | 2 | 3 | 4 | 5 |
| 11. When someone asks for advice about some personal problem, I'm most likely to say, "It's up to you to decide," rather than tell him what he should do. | 1 | 2 | 3 | 4 | 5 |
| 12. I'm easily irritated by people who argue with me. | 1 | 2 | 3 | 4 | 5 |

QUESTIONNAIRE - FORM #3

You are being asked to participate in an experimental study on behavior. Your cooperation will be most appreciated.

Described below is a special group of college students. We would like for you to try to imagine yourself as a member of this group for awhile. The questionnaire will provide you with some additional information about your fellow members and then ask you a few questions about each of them. Please answer each of these questions by circling the answer closest to your feelings.

It is important to this research that each question be answered.

Thank you very much for your cooperation.

Suppose:

You love Modern Jazz! You have loved it for a couple of years now, and have managed to build up a nice little collection of records. Much to your delight, you found that you were not alone. Within a couple of months, you got ten students together who shared this love as much as you. You have been meeting regularly once a week since then, and you have been having a great time. You share records, books and articles; hold discussions; and have even managed to go together to the three jazz concerts that have been held nearby.

You've gotten to really like these people, even though you don't get a chance to get together too much outside of the weekly meetings. Except for Jim and Janet, you get a chance to stop and say hello every once in awhile--but that's about all. Jim, Janet and you, however, get together for lunch about three times a week since you really enjoy each other's company. Your points of view on so many things are alike that you never seem to have time enough to talk as much as you would like. You really consider these two as close friends.

In the last month or so, you have met some people who know your fellow members more than you do, and you have found out a little more about them. Here's what they have to say about six of them.

1. Jim, one of the members that you feel real close to--and who's always been a really nice guy, started cursing out his roommate last week. He's been hitting him and threatening to kill him. He says that he is working against him just like everyone else.

Do you think that anything is wrong with Jim? YES NO

Do you think that he has some kind of mental illness? YES NO

In light of this additional information about your close friend, would you be:

- (a) still willing to accept Jim as a close friend? A
- (b) willing to accept Jim as a friend? B
- (c) indifferent as to whether Jim is a friend or not? C
- (d) reluctant to accept Jim as a friend? D
- (e) definitely unwilling to accept Jim as a friend? E

2. Janet, your other close friend who's always so happy and cheerful, never leaves her place without having to go back to see if the door is locked and the gas stove is turned off. She is also so afraid of elevators that she'll never use one under any conditions.

Do you think that anything is wrong with Janet? YES NO

Do you think that she has some kind of mental illness? YES NO

In light of this additional information about your close friend, would you be:

- (a) still willing to accept Janet as a close friend? A
- (b) willing to accept Janet as a friend? B
- (c) indifferent as to whether Janet is a friend or not? C
- (d) reluctant to accept Janet as a friend? D
- (e) definitely unwilling to accept Janet as a friend? E

3. Jack, who's always so successful, has been moody and touchy lately. He has been losing a lot of sleep, worrying about all of the things that might go wrong.

Do you think that anything is wrong with Jack? YES NO

Do you think that he has some kind of mental illness? YES NO

In light of this additional information about Jack, would you be:

- (a) willing to accept him as a very close friend? A
- (b) willing to accept him as a friend? B
- (c) indifferent as to whether he is a friend or not? C
- (d) reluctant to accept him as a friend? D
- (e) definitely unwilling to accept him as a friend? E

4. Sally, who's not bad looking, has been keeping to herself for the past few weeks. She's been staying home and daydreaming most of the time. She's not showing any interest in men, her parents, or school, or in anything else.

Do you think that anything is wrong with Sally? YES NO

Do you think that she has some kind of mental illness? YES NO

In light of this additional information about Sally, would you be:

- (a) willing to accept her as a very close friend? A
- (b) willing to accept her as a friend? B
- (c) indifferent as to whether she is a friend or not? C
- (d) reluctant to accept her as a friend? D
- (e) definitely unwilling to accept her as a friend? E

5. Frank, who really enjoys his work and gets along great with his wife, likes to wear clothes made for women. When he gets home at night, and on weekends, he wears his wife's clothes around the house.

Do you think that anything is wrong with Frank? YES NO

Do you think that he has some kind of mental illness? YES NO

In light of this additional information about Frank, would you be:

- (a) willing to accept him as a very close friend? A
- (b) willing to accept him as a friend? B
- (c) indifferent as to whether he is a friend or not? C
- (d) reluctant to accept him as a friend? D
- (e) definitely unwilling to accept him as a friend? E

6. Fran has been feeling that nobody really cares for her. She's always in an unhappy mood. She's been going around telling herself and others that she is no good.

Do you think that anything is wrong with Fran? YES NO

Do you think that she has some kind of mental illness? YES NO

In light of this additional information about Fran, would you be:

- (a) willing to accept her as a very close friend? A
- (b) willing to accept her as a friend? B
- (c) indifferent as to whether she is a friend or not? C
- (d) reluctant to accept her as a friend? D
- (e) definitely unwilling to accept her as a friend? E

Please supply the following information about yourself:

1. Age at nearest birthday:
 - A. 18
 - B. 19
 - C. 20
 - D. 21 or over
2. Year in college:
 - A. Freshman
 - B. Sophomore
 - C. Junior
 - D. Senior
 - E. Other (Specify _____)
3. Religious affiliation:
 - A. Protestant
 - B. Catholic
 - C. Jew
 - D. Other (Specify _____)
4. Father's Occupation _____
5. Sex:
 - A. Male
 - B. Female
6. Preferred major in college, if known _____
7. Have you ever known anyone whom you would identify as mentally ill?
 - A. Yes
 - B. No

This is a study of some of your attitudes. Of course, there is no right answer for any statement. The best answer is what you feel is true of yourself.

You are to respond to each question on the answer sheet according to the following scheme:

- | | |
|---------------------------------|--------------------------|
| 1. Not at all true of myself | 4. Mostly true of myself |
| 2. Slightly true of myself | 5. True of myself |
| 3. About halfway true of myself | |

Remember, the best answer is the one which applies to you.

- | | | | | | |
|---|---|---|---|---|---|
| 1. I don't question my worth as a person, even if I think others do. | 1 | 2 | 3 | 4 | 5 |
| 2. I can be comfortable with all varieties of people-- from the highest to the lowest. | 1 | 2 | 3 | 4 | 5 |
| 3. I look on most of the feelings and impulses I have toward people as being quite natural and acceptable. | 1 | 2 | 3 | 4 | 5 |
| 4. I am quite shy and self-conscious in social situations. | 1 | 2 | 3 | 4 | 5 |
| 5. In order to get along and be liked, I tend to be what people expect me to be rather than anything else. | 1 | 2 | 3 | 4 | 5 |
| 6. There's no sense in compromising. When people have values I don't like, I just don't care to have much to do with them. | 1 | 2 | 3 | 4 | 5 |
| 7. I enjoy myself most when I'm alone, away from other people. | 1 | 2 | 3 | 4 | 5 |
| 8. I enjoy doing little favors for people even if I don't know them well. | 1 | 2 | 3 | 4 | 5 |
| 9. I'm very sensitive. People say things and I have a tendency to think they're criticizing me or insulting me in some way and later when I think of it, they may not have meant anything like that at all. | 1 | 2 | 3 | 4 | 5 |
| 10. I feel confident that I can do something about the problems that may arise in the future. | 1 | 2 | 3 | 4 | 5 |
| 11. When someone asks for advice about some personal problem, I'm most likely to say, "It's up to you to decide," rather than tell him what he should do. | 1 | 2 | 3 | 4 | 5 |
| 12. I'm easily irritated by people who argue with me. | 1 | 2 | 3 | 4 | 5 |

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